| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| MIDDLE DISTRICT OF FLORIDA                      | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

#### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |   |   |
|-----|--|--|---|---|
|     |  | About Debtor 1:  |   | About Debtor 2 (Spouse Only in a Joint Case):   |
| 1.  | Your full name   |  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | First name  K  Middle name  Whitaker  Last name and Suffix (Sr., Jr., II, III) | - | Pamela First name  Dee Middle name  Whitaker Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  |  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-2208  |   | xxx-xx-5124   |

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Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ■ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |
|    |   | 9308 Hidden Water Circle<br>Riverview, FL 33578   |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Hillsborough  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |
|    |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |

Debtor 1 Todd K Whitaker
Debtor 2 Pamela Dee Whitaker

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|           | otor 1<br>otor 2       | Pamela Dee Whita   | ker        |            |   |                                 | Case number (if known)   |                      |
|-----------|------------------------|--|------------|------------|---|---------------------------------|--|----------------------|
| <b>D</b>  | . 0                    | Tall the Oasset Alexant  | ( D        |            |   |                                 |  |                      |
| Par<br>7. |                        | Tell the Court About \ chapter of the  |            |            |   | anch son Nation Required by     | y 11 U.S.C. § 342(b) for Individuals Filing  | for Pankruntov       |
| ٠.        | Banl                   | criapter of the<br>cruptcy Code you are<br>ssing to file under                                 |            |            |   | ge 1 and check the appropria    |  | тог ванктирісу       |
|           | CHOC                   | osing to me under  | Chapt      | er 7       |   |                                 |  |                      |
|           |                        |  | ☐ Chapt    | er 11      |   |                                 |  |                      |
|           |                        |  | ☐ Chapt    | er 12      |   |                                 |  |                      |
|           |                        |  | ☐ Chapt    | er 13      |   |                                 |  |                      |
| 8.        | How                    | you will pay the fee   | abo<br>ord | out how yo | ou may pay. Typical<br>attorney is submitti     | ly, if you are paying the fee y | eck with the clerk's office in your local cour<br>courself, you may pay with cash, cashier's<br>half, your attorney may pay with a credit o  | s check, or money    |
|           |                        |  |            |            | y the fee in installnee in Installments (O      |                                 | tion, sign and attach the Application for In   | dividuals to Pay     |
|           |                        |  | ☐ I re     | quest tha  | nt my fee be waive                              | d (You may request this option  | on only if you are filing for Chapter 7. By I  |                      |
|           |                        |  | app        | lies to yo | ur family size and yo                           | ou are unable to pay the fee    | your income is less than 150% of the offici<br>in installments). If you choose this option<br>ficial Form 103B) and file it with your petiti | , you must fill out  |
| 9.        |                        | you filed for  | ■ No.      |            |   |                                 |  |                      |
|           |                        | ruptcy within the<br>B years?  | ☐ Yes.     |            |   |                                 |  |                      |
|           |                        |  |            | District   |   | When                            | Case number  |                      |
|           |                        |  |            | District   |   | When                            | Casa numbar  |                      |
|           |                        |  |            | District   |   | When                            | Case number  |                      |
| 10.       |                        | any bankruptcy   | ■ No       |            |   |                                 |  |                      |
|           | filed<br>not f<br>you, | s pending or being by a spouse who is iling this case with or by a business ner, or by an ate? | ☐ Yes.     |            |   |                                 |  |                      |
|           |                        |  |            | Debtor     |   |                                 | Relationship to you  |                      |
|           |                        |  |            | District   |   | When                            | Case number, if known  |                      |
|           |                        |  |            | Debtor     |   | When                            | Relationship to you  Case number, if known   |                      |
|           |                        |  |            | District   |   | when                            | Case number, il known  |                      |
| 11.       |                        | ou rent your<br>lence?   | ■ No.      | Go to      | ine 12.   |                                 |  |                      |
|           |                        |  | ☐ Yes.     | Has yo     | our landlord obtaine                            | d an eviction judgment agair    | nst you?   |                      |
|           |                        |  |            |            | No. Go to line 12.                              |                                 |  |                      |
|           |                        |  |            |            | Yes. Fill out <i>Initial</i> this bankruptcy pe |                                 | n Judgment Against You (Form 101A) and   | I file it as part of |
|           |                        |  |            |            |   |                                 |  |                      |

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|     | otor 1<br>otor 2                   | Todd K Whitaker<br>Pamela Dee Whita   | ıker   |   | Case number (if known)  |  |
|-----|------------------------------------|---|--|---|---|--|
|     |                                    |   |  |   |   |  |
| Par | t 3:                               | Report About Any Bu   | sinesses   | You Own as a Sole Proprie                           | etor  |  |
| 12. | of an                              | ou a sole proprietor<br>y full- or part-time<br>ness?   | ■ No.  | Go to Part 4.                                       |   |  |
|     | A sole proprietorship is a         |   | ☐ Yes.   | Name and location of but                            | siness  |  |
|     | busin<br>an ind<br>separ<br>as a   | e proprietorship is a ess you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC. |  | Name of business, if any                            |   |  |
|     | sole p                             | have more than one proprietorship, use a rate sheet and attach his petition.  |  | Number, Street, City, Sta                           | ox to describe your business:   |  |
|     | 11 10 11                           | iis petition.   |  |   | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|     |                                    |   |  | <del></del>   | I Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|     |                                    |   |  |   | defined in 11 U.S.C. § 101(53A))  |  |
|     |                                    |   |  |   | er (as defined in 11 U.S.C. § 101(6))   |  |
|     |                                    |   |  | ☐ None of the abov                                  | e   |  |
| 13. | Chap<br>Bank<br>you a              | rou filing under<br>ster 11 of the<br>rruptcy Code and are<br>a <i>small business</i>                               | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appreciately deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the prin 11 U.S.C. 1116(1)(B). |   |   |  |
|     | debtor?  For a definition of small | ■ No.   | I am not filing under Cha  | pter 11.  |   |  |
|     |                                    | ess debtor, see 11<br>C. § 101(51D).  | □ No.  | I am filing under Chapter Code.                     | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|     |                                    |   | ☐ Yes.   | I am filing under Chapter                           | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Par | t 4:                               | Report if You Own or  | Have Any   | Hazardous Property or Ar                            | ny Property That Needs Immediate Attention  |  |
| 14. | •                                  | ou own or have any erty that poses or is  | ■ No.  |   |   |  |
|     | alleg<br>of im                     | ed to pose a threat<br>minent and<br>ifiable hazard to  | ☐ Yes.   | What is the hazard?                                 |   |  |
|     | Or do                              | c health or safety? b you own any erty that needs ediate attention?   |  | If immediate attention is needed, why is it needed? |   |  |
|     | perisi<br>livest<br>or a b         | xample, do you own<br>hable goods, or<br>ock that must be fed,<br>ouilding that needs<br>tt repairs?                |  | Where is the property?                              |   |  |
|     |                                    |   |  |   | Number, Street, City, State & Zip Code  |  |
|     |                                    |   |  |   |   |  |

|     | С   | ase      | 8:18-bk-08056-RCT Doc  | c 1 Filed 0  | 9/24 | 1/18 Page 5 of 66   |
|-----|---|----------|--|--|------|---|
|     | tor 1 Todd K Whitaker Pamela Dee Whita  | ker      |  |  |      | Case number (if known)  |
| ar  | Explain Your Efforts t  |          | ceive a Briefing About Credit Counsel  | ling   |      |   |
|     |   |          | out Debtor 1:  |  |      | out Debtor 2 (Spouse Only in a Joint Case):   |
| 15. | Tell the court whether you have received a briefing about credit counseling.                                  | You<br>■ | I must check one:  I received a briefing from an approve counseling agency within the 180 da filed this bankruptcy petition, and I receitificate of completion.  | ys before I  | You  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
|     | The law requires that you receive a briefing about credit counseling before you file for bankruptcy.          |          | Attach a copy of the certificate and the plan, if any, that you developed with the   |  |      | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
|     | You must truthfully check<br>one of the following<br>choices. If you cannot do<br>so, you are not eligible to |          | I received a briefing from an approve counseling agency within the 180 da filed this bankruptcy petition, but I da certificate of completion.  | ys before I  |      | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
|     | file.  If you file anyway, the court can dismiss your case, you   |          | Within 14 days after you file this bankru petition, you MUST file a copy of the ce payment plan, if any.   |  |      | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
|     | will lose whatever filing fee<br>you paid, and your<br>creditors can begin<br>collection activities again.    |          | I certify that I asked for credit counse<br>services from an approved agency, k<br>unable to obtain those services durin<br>days after I made my request, and ex<br>circumstances merit a 30-day tempo   | out was<br>ng the 7<br>kigent                          |      | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                   |
|     |   |          | of the requirement.  To ask for a 30-day temporary waiver or requirement, attach a separate sheet exwhat efforts you made to obtain the brid you were unable to obtain it before you bankruptcy, and what exigent circumsta  | xplaining<br>efing, why<br>filed for                   |      | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.        |
|     |   |          | required you to file this case.  Your case may be dismissed if the court in the cou |  |      | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.   |
|     |   |          | dissatisfied with your reasons for not re<br>briefing before you filed for bankruptcy.<br>If the court is satisfied with your reason<br>still receive a briefing within 30 days aft<br>You must file a certificate from the appr<br>agency, along with a copy of the payme   | is, you must<br>ter you file.<br>roved<br>ent plan you |      | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |
|     |   |          | developed, if any. If you do not do so, y may be dismissed.  |  |      | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |
|     |   | _        | Any extension of the 30-day deadline is only for cause and is limited to a maxim days.  I am not required to receive a briefing  | num of 15  |      | Lam not required to receive a briefing about gradit   |
|     |   |          | credit counseling because of:  | y about  |      | I am not required to receive a briefing about credit counseling because of:   |
|     |   |          | Incapacity.  I have a mental illness or a mentathat makes me incapable of realimaking rational decisions about for   | zing or  |      | ☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
|     |   |          | Disability.  My physical disability causes me unable to participate in a briefing by phone, or through the internet reasonably tried to do so.   | in person,   |      | □ Disability.<br>My physical disability causes me to be unable to<br>participate in a briefing in person, by phone, or<br>through the internet, even after I reasonably tried to<br>do so.  |
|     |   |          | Active duty. I am currently on active military combat zone.  | duty in a  |      | Active duty. I am currently on active military duty in a military combat zone.  |

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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|  | tor 1<br>tor 2 | Todd K Whitaker<br>Pamela Dee Whita     | ıker                 |  |   | Case number (if I                | known)   |  |  |
|--|----------------|---|----------------------|--|---|----------------------------------|--|--|--|
| Part   | t 6:           | Answer These Questi                     | ons for Re           | eporting Purposes  |   |                                  |  |  |  |
| 16.  | Wha            | kind of debts do                        | 16a.                 |  |   |                                  | in 11 U.S.C. § 101(8) as "incurred by an                                       |  |  |
|  | •              |   |                      | ☐ No. Go to line 16b.  |   |                                  |  |  |  |
|  |                |   |                      | Yes. Go to line 17.  |   |                                  |  |  |  |
|  |                |   | 16b.                 | Are your debts primarily business money for a business or investmer          |   |                                  |  |  |  |
|  |                |   |                      | ☐ No. Go to line 16c.  |   |                                  |  |  |  |
|  |                |   |                      | ☐ Yes. Go to line 17.  |   |                                  |  |  |  |
|  |                |   | 16c.                 | State the type of debts you owe that   | at are not consumer debt  | s or business de                 | ebts   |  |  |
| 17.  |                | rou filing under<br>oter 7?             | □ No.                | I am not filling under Chapter 7. Go   | to line 18.   |                                  |  |  |  |
| Do you estimate that<br>after any exempt<br>property is excluded and |                | any exempt                              | ■ Yes.               |  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |                                  |  |  |  |
|  |                | nistrative expenses aid that funds will |                      | ■ No   |   |                                  |  |  |  |
|  | be av          | vailable for ibution to unsecured tors? |                      | ☐ Yes  |   |                                  |  |  |  |
| 18.  |                | many Creditors do                       | <b>1</b> -49         |  | □ 1,000-5,000   |                                  | □ 25,001-50,000  |  |  |
|  | you o          | estimate that you                       | □ 50-99              |  | ☐ 5001-10,000<br>☐ 40,004,05,000  |                                  | 50,001-100,000   |  |  |
|  |                |   | ☐ 100-19<br>☐ 200-99 |  | ☐ 10,001-25,000   |                                  | ☐ More than100,000   |  |  |
| 19.  |                | much do you                             | □ \$0 - \$5          | 50,000   | □ \$1,000,001 - \$10 mil  | llion                            | ☐ \$500,000,001 - \$1 billion  |  |  |
|  |                | nate your assets to<br>orth?            |                      | 01 - \$100,000   | □ \$10,000,001 - \$50 m   |                                  | \$1,000,000,001 - \$10 billion   |  |  |
|  |                |   |                      | 001 - \$500,000<br>001 - \$1 million   | \$50,000,001 - \$100 to \$100,000,001 - \$500   |                                  | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                     |  |  |
| 20.  |                | much do you                             | □ \$0 - \$5          | •  | □ \$1,000,001 - \$10 mil  |                                  | □ \$500,000,001 - \$1 billion  |  |  |
|  | estin<br>to be | nate your liabilities<br>?              | _                    | 01 - \$100,000   | □ \$10,000,001 - \$50 m   |                                  | \$1,000,000,001 - \$10 billion   |  |  |
|  |                |   |                      | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001 - \$100 c<br>□ \$100,000,001 - \$500   |                                  | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                     |  |  |
| Part   | t <b>7</b> :   | Sign Below                              |                      |  |   |                                  |  |  |  |
| For  | you            |   | I have exa           | amined this petition, and I declare u  | nder penalty of perjury th  | at the information               | on provided is true and correct.   |  |  |
|  |                |   |                      | shosen to file under Chapter 7, I am<br>ates Code. I understand the relief a |   |                                  | der Chapter 7, 11,12, or 13 of title 11,<br>e to proceed under Chapter 7.      |  |  |
|  |                |   |                      | ney represents me and I did not part, I have obtained and read the notice    |   |                                  | attorney to help me fill out this  |  |  |
|  |                |   | I request            | relief in accordance with the chapte   | r of title 11, United States  | s Code, specifie                 | d in this petition.  |  |  |
|  |                |   |                      | cy case can result in fines up to \$25                                       |   |                                  | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|  |                |   |                      | K Whitaker   |   | mela Dee Whi                     |  |  |  |
|  |                |   |                      | Whitaker<br>of Debtor 1  |   | la Dee Whitak<br>ure of Debtor 2 | ег   |  |  |
|  |                |   | Executed             | on <b>September 24, 2018</b>   | Execut  | ed on Senter                     | mber 24, 2018  |  |  |
|  |                |   |                      | MM / DD / YYYY   |   |                                  | D/YYYY   |  |  |
|  |                |   |                      |  |   |                                  |  |  |  |

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| Debtor 1 Todd K Whitake Pamela Dee Whi  |  |   |   |  |  |
|---|--|---|---|--|--|
| For your attorney, if you are represented by one  If you are not represented by | under Chapter 7, 11, 12, or 13 of title 11, Unite for which the person is eligible. I also certify the | ed States Code, and have e<br>hat I have delivered to the | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) yledge after an inquiry that the information in the |  |  |
| an attorney, you do not need to file this page.                                 |  | , certily that I have no know                             | wedge aller an inquiry that the information in the  |  |  |
|   | /s/ Alan Borden  | Date  | September 24, 2018  |  |  |
|   | Signature of Attorney for Debtor   |   | MM / DD / YYYY  |  |  |
|   | Alan Borden 58250  |   |   |  |  |
|   | Printed name   |   |   |  |  |
|   | Debt Relief Legal Group, LLC   |   |   |  |  |
|   | Firm name  |   |   |  |  |
|   | 901 W. Hillsborough Ave.   |   |   |  |  |
|   | Tampa, FL 33603  |   |   |  |  |
|   | Number, Street, City, State & ZIP Code   |   |   |  |  |
|   | Contact phone <b>813-231-2088</b>  | Email address   | data@1800debtrelief.com   |  |  |
|   | 58250 FL   |   |   |  |  |
|   | Bar number & State   |   |   |  |  |

| Fill | in this information to identify your case:   |              |                                |
|------|--|--------------|--------------------------------|
| Del  | otor 1 Todd K Whitaker   |              |                                |
| Del  | First Name Middle Name Last Name  otor 2 Pamela Dee Whitaker   |              |                                |
|      | use if, filing) First Name Middle Name Last Name   |              |                                |
| Uni  | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA  |              |                                |
|      | se numberown)  | _            | k if this is an<br>ided filing |
|      |  |              |                                |
| Of   | ficial Form 106Sum   |              |                                |
|      | mmary of Your Assets and Liabilities and Certain Statistical Information   |              | 12/15                          |
| info | es complete and accurate as possible. If two married people are filing together, both are equally responsible f<br>rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing ameno<br>r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. |              |                                |
| Par  | 1: Summarize Your Assets   |              |                                |
|      |  | Your a       | ssets<br>of what you own       |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 106,214.00                     |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 214,461.19                     |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 320,675.19                     |
| Par  | t 2: Summarize Your Liabilities  |              |                                |
|      |  | Your I       | iabilities                     |
|      |  |              | nt you owe                     |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$           | 205,512.13                     |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 0.00                           |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 60,809.00                      |
|      | Your total liabilities   | \$           | 266,321.13                     |
| Par  | t 3: Summarize Your Income and Expenses  | <u></u>      |                                |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 3,720.23                       |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 3,741.01                       |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records   |              |                                |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you   | our other sc | hedules.                       |
| 7.   | ■ Yes What kind of debt do you have?   |              |                                |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  | a personal   | , family, or                   |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.  | s box and s  | submit this form to            |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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| Debtor 2 | Pamela Dee Whitaker   | Case number (if known) |                |
|----------|---|------------------------|----------------|
|          | m the Statement of Your Current Monthly Income: Co<br>A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 |                        | \$<br>5,001.80 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Todd K Whitaker

|  | Total clair | n    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| FIII       | in this information                    | on to identify y          | our case and th     | is filing:   |  |  |
|------------|--|---------------------------|---------------------|--|--|--|
| Deb        |  | odd K Whita               |                     |  |  |  |
| Doh        |  | irst Name<br>Pamela Dee V |                     | Name Last Name   |  |  |
|            | · ·                                    | irst Name                 |                     | Name Last Name   |  |  |
| Unit       | ed States Bankru                       | ptcy Court for th         | ne: MIDDLE D        | ISTRICT OF FLORIDA   |  |  |
| Cas        | e number                               |                           |                     |  |  | ☐ Check if this is an amended filing   |
| <b>~</b> " |  | 400 A /D                  |                     |  |  |  |
|            | icial Form<br>hedule                   |                           | norty               |  |  | 40/45  |
|            |  |                           | <u> </u>            | an asset only once. If an asset fits in more than one  |  | 12/15  |
|            | No. Go to Part 2. Yes. Where is the    |                           | table interest in a | ny residence, building, land, or similar property?   |  |  |
| 1.1        | 9308 Hidden \ Street address, if avail |                           | ption               | What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative  | the amount of any secur                  | laims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property. |
|            |  |                           |                     |  |  |  |
|            | Riverview                              | FL                        | 33578-0000          | <ul><li>☐ Manufactured or mobile home</li><li>☐ Land</li></ul>   | Current value of the<br>entire property? | Current value of the portion you own?  |
|            | City                                   | State                     | ZIP Code            | ☐ Investment property  | \$106,214.00                             | \$106,214.00   |
|            |  |                           |                     | ☐ Timeshare ☐ Other  |  | your ownership interest<br>nancy by the entireties, or                           |
|            |  |                           |                     | Who has an interest in the property? Check one   | a life estate), if known.                | iancy by the chareties, or   |
|            |  |                           |                     | ☐ Debtor 1 only ☐ Debtor 2 only  |  |  |
|            | Hillsborough                           |                           |                     | Debtor 1 and Debtor 2 only   | — Chack if this is con                   |  |
|            | Hillsborough<br>County                 |                           |                     | ☐ At least one of the debtors and another  | (see instructions)                       | nmunity property   |
|            |  |                           |                     | At least one of the debtors and another  Other information you wish to add about this item property identification number: | (see instructions)                       | nmunity property   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debtor 1<br>Debtor 2 |   |  |  | Case number (if known)                |  |
|----------------------|---|--|--|---------------------------------------|--|
| 3. Cars,             | vans, trucks, tract                       | ors, sport utility vel                         | hicles, motorcycles  |                                       |  |
| □ No<br>■ Yes        | S   |  |  |                                       |  |
| M                    | lake: Ford lodel: Escape lear: 2004       |  | Who has an interest in the property? Check one ☐ Debtor 1 only   | the amount of any s                   | red claims or exemptions. Put secured claims on Schedule D: e Claims Secured by Property.  |
| А                    | pproximate mileage: other information:    | 130000   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                       | Current value of the entire property? | ne Current value of the portion you own?   |
| I                    | alue based on K<br>arty sale value        | BB fair Private                                | ☐ Check if this is community property (see instructions)   | \$2,223.                              | \$2,223.00   |
| M                    | lake: Ford Escape lear: 2014              |  | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only                               | the amount of any s                   | red claims or exemptions. Put secured claims on Schedule D: to Claims Secured by Property. |
| 0                    | pproximate mileage:<br>other information: | 36000  | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another                                       | entire property?                      | portion you own?   |
|                      | arty sale value                           | DD Iaii Filvate                                | Check if this is community property (see instructions)   | \$12,072.                             | \$12,072.00  |
|                      | the dollar value of                       |  | n for all of your entries from Part 2, including   |                                       | \$14,295.00  |
|                      |   |  | hat number here  | =>                                    | Ψ14,233.00   |
|                      |   | nal and Household Ite<br>egal or equitable int | ems<br>erest in any of the following items?  |                                       | Current value of the portion you own? Do not deduct secured claims or exemptions.          |
| <i>Exan</i> □ No     |   | urnishings<br>ces, furniture, linens,          | china, kitchenware   |                                       | ·  |
|                      |   | wine cooler, 2 b                               | case, tv stand, kitchen table and chairs<br>eds, 2 dressers, 1 night stand, desk, fili<br>books and pictures |                                       | \$500.00   |
| Exan                 | including cell                            |  | eo, stereo, and digital equipment; computers, pr<br>edia players, games                                      | inters, scanners; music co            | llections; electronic devices  |
|                      |   | Laptop, printer,                               | 2 TVs  |                                       | \$150.00   |

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|     | ebtor 1<br>ebtor 2         | Todd K Whitaker<br>Pamela Dee Whitaker  |                       |  | Case number (if known)         |   |
|-----|----------------------------|---|-----------------------|--|--------------------------------|---|
| В.  |                            | les of value<br>s: Antiques and figurines; p<br>other collections, memo         |                       | other artwork; books, pictures, or                     | other art objects; stamp, coin | , or baseball card collections;   |
|     | ■ No<br>□ Yes. I           | Describe  |                       |  |                                |   |
| 9.  |                            | nt for sports and hobbies<br>s: Sports, photographic, ex<br>musical instruments |                       | obby equipment; bicycles, pool tal                     | bles, golf clubs, skis; canoes | and kayaks; carpentry tools;  |
|     | ■ No<br>□ Yes. I           | Describe  |                       |  |                                |   |
| 10. | . <b>Firearm</b><br>Exampl | <b>s</b><br>/es: Pistols, rifles, shotguns                                      | , ammunition, and re  | elated equipment                                       |                                |   |
|     | ■ No<br>□ Yes. I           | Describe  |                       |  |                                |   |
| 11. | □ No <sup>′</sup>          |   | leather coats, desig  | gner wear, shoes, accessories                          |                                |   |
|     |                            | Misc clo  | othes and shoes       |  |                                | \$50.00   |
|     | ■ No                       |   | ume jewelry, engage   | ement rings, wedding rings, heirlo                     | oom jewelry, watches, gems,    | gold, silver  |
| 13. |                            | m animals<br>/es: Dogs, cats, birds, horse                                      | es                    |  |                                |   |
|     | _                          | Describe  |                       |  |                                |   |
| 14. | ■ No                       | er personal and househo   | -                     | ot already list, including any he                      | ealth aids you did not list    |   |
| 15  |                            |   |                       | rt 3, including any entries for pa                     | ages you have attached         | \$700.00  |
| Pa  | art 4: Des                 | cribe Your Financial Assets   |                       |  |                                |   |
| Do  | o you owi                  | n or have any legal or equ  | uitable interest in a | any of the following?                                  |                                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No                       |   | -                     | ne, in a safe deposit box, and on                      | hand when you file your petit  | ion   |
| 17. | . Deposit                  |   | other financial accou | ints; certificates of deposit; share:                  |                                | houses, and other similar   |
|     | □ No                       |   | multiple accounts v   | with the same institution, list each Institution name: |                                |   |
|     | ■ Yes                      |   | Chaakin -             | Grow Financial   |                                | \$62.00   |
|     |                            | 17.1.   | Checking              | GIOW FINANCIAI   |                                | \$6∠.00   |

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|     |                             | Fodd K Whitaker<br>Pamela Dee Whita                                      | aker  |   | Case number (if known)                 |                      |
|-----|-----------------------------|--|---|---|--|----------------------|
|     |                             | 17.:   | 2. <b>Savings</b>                               | Grow Financial  |  | \$7.00               |
| 18. | Example                     | nutual funds, or pub<br>s: Bond funds, invest                            |   | rokerage firms, money market acco   | ounts                                  |                      |
|     | ■ No<br>□ Yes               |  | Institution or issue                            | r name:   |  |                      |
| 19. | Non-pub<br>joint ven        |  | nd interests in incorp                          | porated and unincorporated busi   | nesses, including an interest in an L  | LC, partnership, and |
|     |                             |  | on about them<br>Name of entity:                |   | % of ownership:                        |                      |
|     | Negotiab<br>Non-neg<br>■ No | le instruments includ<br>otiable instruments a<br>ve specific informatio | e personal checks, ca<br>re those you cannot to | potiable and non-negotiable instrustriashiers' checks, promissory notes, a ransfer to someone by signing or de  | and money orders.                      |                      |
|     | Example  No                 | •  | RISA, Keogh, 401(k),                            | 403(b), thrift savings accounts, or o   | other pension or profit-sharing plans  |                      |
|     | Yes. Lis                    | st each account sepa<br>Typ  | rately.<br>se of account:                       | Institution name:   |  |                      |
|     |                             | 401  | ıĸ  | Walmart   |  | \$164,394.96         |
|     |                             | IR <i>A</i>  | A   | Vanguard  |  | \$35,002.23          |
| 22. | Your sha Example No         | s: Agreements with la  | sits you have made s                            | so that you may continue service or<br>, public utilities (electric, gas, water<br>Institution name or individu | ), telecommunications companies, or of | thers                |
| 23  | ☐ Yes                       |  | riodic payment of mor                           | ney to you, either for life or for a nur  |  |                      |
|     | ■ No □ Yes                  |  | ame and description.                            | io, to you, olitio, for me of for a fian  | iibbi di yealey                        |                      |
|     |                             | in an education IRA<br>§§ 530(b)(1), 529A(b                              |   | qualified ABLE program, or unde   | er a qualified state tuition program.  |                      |
|     | ☐ Yes                       | Institutio   | n name and description                          | on. Separately file the records of an   | y interests.11 U.S.C. § 521(c):        |                      |
|     | ■ No                        | quitable or future in  |   | other than anything listed in line  | 1), and rights or powers exercisable   | for your benefit     |
|     | Patents,                    | copyrights, tradema  | arks, trade secrets, a                          | and other intellectual property<br>leds from royalties and licensing ag   | reements                               |                      |
|     | ■ No<br>□ Yes. G            | ive specific information   | on about them                                   |   |  |                      |
| 27. | Licenses Example ■ No       | , franchises, and ot   | her general intangib<br>xclusive licenses, coo  | <b>les</b><br>operative association holdings, liquo   | or licenses, professional licenses     |                      |

## Case 8:18-bk-08056-RCT Doc 1 Filed 09/24/18 Page 14 of 66

| Debtor 1<br>Debtor 2      | Todd K Whitaker<br>Pamela Dee Whitaker  |  | Case number (if known                        |   |
|---------------------------|---|--|--|---|
| Money or                  | property owed to you?   |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax re</b><br>□ No | funds owed to you   |  |  |   |
|                           | . Give specific information about the   | nem, including whether you already   | filed the returns and the tax years          |   |
|                           |   |  |  |   |
|                           |   | 2018 Tax Refund  | Federal                                      | Unknowr   |
| ■ No                      |   | ny, spousal support, child support, i                                      | maintenance, divorce settlement, propert     | y settlement  |
| Exam <sub>i</sub> ■ No    | amounts someone owes you uples: Unpaid wages, disability inside benefits; unpaid loans you refer to give specific information |  | s, sick pay, vacation pay, workers' comp     | ensation, Social Security   |
| 31. Interes               | sts in insurance policies   |  |  |   |
| Exam <sub>i</sub><br>■ No | pples: Health, disability, or life insu   | rance; health savings account (HSA   | A); credit, homeowner's, or renter's insura  | ance  |
| ☐ Yes.                    | . Name the insurance company of<br>Company  |  | Beneficiary:                                 | Surrender or refund value:  |
| If you some               | nterest in property that is due you<br>are the beneficiary of a living trus<br>one has died.                                  |  | ance policy, or are currently entitled to re | ceive property because  |
| ■ No<br>□ Yes.            | . Give specific information   |  |  |   |
|                           |   | or not you have filed a lawsuit or<br>utes, insurance claims, or rights to |  |   |
| ■ No<br>□ Yes.            | . Describe each claim   |  |  |   |
| 34. <b>Other</b><br>■ No  | contingent and unliquidated cla   | nims of every nature, including co   | ounterclaims of the debtor and rights        | to set off claims   |
|                           | . Describe each claim   |  |  |   |
| ■ No                      | nancial assets you did not alrea  | dy list  |  |   |
| 36. <b>Add</b>            | -   | tries from Part 4, including any e   | entries for pages you have attached          | \$199,466.19  |
| Part 5: De                | escribe Any Business-Related Prope  | rty You Own or Have an Interest In. L                                      | ist any real estate in Part 1.               |   |
| 37. <b>Do you</b>         | own or have any legal or equitable  | nterest in any business-related prope                                      | erty?  |   |
|                           | o to Part 6.  |  |  |   |
| ☐ Yes. (                  | Go to line 38.  |  |  |   |

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| Deb<br>Deb   | tor 1<br>tor 2  | Todd K Whitaker<br>Pamela Dee Whitaker   |                       | Case number (if known)      |              |
|--------------|-----------------|--|-----------------------|-----------------------------|--------------|
| Part         |                 | cribe Any Farm- and Commercial Fishing-Related Property You<br>u own or have an interest in farmland, list it in Part 1. | ι Own or Have an Inte | erest In.                   |              |
| 46. <b>[</b> | _ `             | own or have any legal or equitable interest in any farm-   | or commercial fis     | hing-related property?      |              |
|              | No. 0           | Go to Part 7.  |                       |                             |              |
|              | ☐ Yes.          | Go to line 47.   |                       |                             |              |
| Part         | 7:              | Describe All Property You Own or Have an Interest in That You  | u Did Not List Above  |                             |              |
|              | Examp           | have other property of any kind you did not already list les: Season tickets, country club membership                    | ?                     |                             |              |
|              | No              |  |                       |                             |              |
|              | <b>]</b> Yes. ( | Give specific information  |                       |                             |              |
| 54.          | Add th          | ne dollar value of all of your entries from Part 7. Write th   | at number here        |                             | \$0.00_      |
| Part         | 8:              | List the Totals of Each Part of this Form  |                       |                             | _            |
| 55.          | Part 1          | : Total real estate, line 2  |                       |                             | \$106,214.00 |
| 56.          | Part 2          | : Total vehicles, line 5   | \$14,295.00           | )                           |              |
| 57.          | Part 3          | : Total personal and household items, line 15  | \$700.00              | )                           |              |
| 58.          | Part 4          | : Total financial assets, line 36  | \$199,466.19          |                             |              |
| 59.          | Part 5          | : Total business-related property, line 45   | \$0.00                | <u>)</u>                    |              |
| 60.          | Part 6          | : Total farm- and fishing-related property, line 52  | \$0.00                | )                           |              |
| 61.          | Part 7          | : Total other property not listed, line 54 +   | \$0.00                | <u>)</u>                    |              |
| 62.          | Total           | personal property. Add lines 56 through 61   | \$214,461.19          | Copy personal property tota | \$214,461.19 |
| 63.          | Total           | of all property on Schedule A/B. Add line 55 + line 62   |                       |                             | \$320.675.19 |

| Fill in this infor     | mation to identify your  | case:              |           |                                     |
|------------------------|--------------------------|--------------------|-----------|-------------------------------------|
| Debtor 1               | Todd K Whitaker          |                    |           |                                     |
|                        | First Name               | Middle Name        | Last Name |                                     |
| Debtor 2               | Pamela Dee Whita         | aker               |           |                                     |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name |                                     |
| United States Ba       | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |                                     |
| Case number (if known) |                          |                    |           | ☐ Check if this is a amended filing |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption                            |
|---|--------------------------------------|-----|---|---|
|   | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |   |
| 9308 Hidden Water Circle Riverview, FL 33578 Hillsborough County  | \$106,214.00                         |     | \$0.00  | Fla. Const. art. X, § 4(a)(1);<br>Fla. Stat. Ann. §§ 222.01 & |
| Line from Schedule A/B: 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit | 222.02  |
| 2004 Ford Escape 130000 miles<br>Value based on KBB fair Private  | \$2,223.00                           |     | \$2,000.00  | Fla. Stat. Ann. § 222.25(1)                                   |
| Party sale value Line from Schedule A/B: 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
| 2004 Ford Escape 130000 miles<br>Value based on KBB fair Private  | \$2,223.00                           |     | \$223.00  | Fla. Const. art. X, § 4(a)(2)                                 |
| Party sale value Line from Schedule A/B: 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
| Sectional, book case, tv stand, kitchen table and chairs, cabinet,  | \$500.00                             |     | \$500.00  | Fla. Const. art. X, § 4(a)(2)                                 |
| wine cooler, 2 beds, 2 dressers, 1 night stand, desk, filing cabinets, misc. books and pictures Line from Schedule A/B: 6.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
| Laptop, printer, 2 TVs Line from Schedule A/B: 7.1  | \$150.00                             | •   | \$150.00  | Fla. Const. art. X, § 4(a)(2)                                 |
| Line nom Scrieddie AVD. 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |

Official Form 106C

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| Debtor 1<br>Debtor 2 | Todd K Whitaker<br>Pamela Dee Whitaker   |                                      |        | Case number (if known)  |                                    |
|----------------------|--|--------------------------------------|--------|---|------------------------------------|
|                      | f description of the property and line on edule A/B that lists this property   | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|                      |  | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                    |
|                      | c clothes and shoes<br>from Schedule A/B: 11.1   | \$50.00                              |        | \$50.00   | Fla. Const. art. X, § 4(a)(2)      |
| Line                 | THE TOTAL CONCLUSION OF THE TO |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | ecking: Grow Financial   | \$62.00                              |        | \$62.00   | Fla. Const. art. X, § 4(a)(2)      |
| LINE                 | TIOTH Schedule A.B. TTT  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | vings: Grow Financial from Schedule A/B: 17.2  | \$7.00                               |        | \$7.00  | Fla. Const. art. X, § 4(a)(2)      |
| LINE                 | Hom Schedule Arb. 11.2   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | K: Walmart   | \$164,394.96                         |        | \$164,394.96  | Fla. Stat. Ann. § 222.21(2)        |
| LINE                 | Hom Schedule A.B. 21.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | x: Vanguard  | \$35,002.23                          |        | \$35,002.23   | Fla. Stat. Ann. § 222.21(2)        |
| LINE                 | HOITI Schedule A.B. 21.2   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | leral: 2018 Tax Refund   | Unknown                              |        | \$0.00  | Fla. Const. art. X, § 4(a)(2)      |
| LINE                 | HOITI Schedule A/B. 20.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|                      | you claiming a homestead exemption bject to adjustment on 4/01/19 and every  |                                      |        | led on or after the date of adjustme                            | nt.)                               |
|                      | No   |                                      |        |   |                                    |
|                      | Yes. Did you acquire the property cove   | red by the exemption wi              | thin 1 | ,215 days before you filed this case                            | ?                                  |
|                      | □ No   |                                      |        |   |                                    |
|                      | ☐ Yes  |                                      |        |   |                                    |

| Fill in this information to identify you                                | ur case.   |                                   |  |                   |
|---|--|-----------------------------------|--|-------------------|
|   |  |                                   |  |                   |
| Debtor 1 Todd K Whitake   | er Middle Name Last Name   |                                   | -  |                   |
| Debtor 2 Pamela Dee Wh  | nitaker  |                                   |  |                   |
| (Spouse if, filing) First Name  | Middle Name Last Name  |                                   | -  |                   |
| United States Bankruptcy Court for the                                  | : MIDDLE DISTRICT OF FLORIDA   |                                   |  |                   |
| Case number   |  |                                   |  |                   |
| (if known)  | <del></del>  |                                   | ☐ Check                                      | if this is an     |
|   |  |                                   | ameno  | led filing        |
| Official Form 106D  |  |                                   |  |                   |
|   | s Who Hove Claims Secure   | d by Droport                      | .,   | 40/45             |
| Schedule D: Creditors   | Who Have Claims Secure   | a by Propert                      | <u>y                                    </u> | 12/15             |
|   | If two married people are filing together, both are edout, number the entries, and attach it to this form. C |                                   |  |                   |
| Do any creditors have claims secured b                                  | y your property?   |                                   |  |                   |
| ☐ No. Check this box and submit t                                       | this form to the court with your other schedules. Y  | ou have nothing else t            | to report on this form.                      |                   |
| Yes. Fill in all of the information                                     | below.   | -                                 |  |                   |
| Part 1: List All Secured Claims   |  |                                   |  |                   |
|   | more than one secured claim, list the creditor separately  | Column A                          | Column B                                     | Column C          |
|   | s a particular claim, list the other creditors in Part 2. As   | Amount of claim Do not deduct the | Value of collateral that supports this       | Unsecured portion |
|   | -  | value of collateral.              | claim  | If any            |
| 2.1 MidFlorida Credit Union Creditor's Name                             | Describe the property that secures the claim:  | \$12,194.00                       | \$12,072.00                                  | \$122.00          |
| ordano, e rialine   | 2014 Ford Escape 36000 miles Value based on KBB fair Private   |                                   |  |                   |
| Attn: Bankruptcy  | Party sale value   |                                   |  |                   |
| Po Box 8008   | As of the date you file, the claim is: Check all that apply.   |                                   |  |                   |
| Lakeland, FL 33802  | ☐ Contingent   |                                   |  |                   |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated   |                                   |  |                   |
|   | ☐ Disputed   |                                   |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                                   |  |                   |
| Debtor 1 only   |  | ecured                            |  |                   |
| Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                                   |  |                   |
| ■ Debtor 1 and Debtor 2 only  ■ At least one of the debtors and another | ☐ Judgment lien from a lawsuit   |                                   |  |                   |
| ☐ Check if this claim relates to a                                      | Other (including a right to offset)  Auto Loan   | 1                                 |  |                   |
| community debt  | — Other (including a right to onset)   |                                   |  |                   |
| Opened  |  |                                   |  |                   |
| 11/14 Last  |  |                                   |  |                   |
| Date debt was incurred Active 08/18                                     | Last 4 digits of account number 7546   |                                   |  |                   |
| 2.2 Seterus, Inc.   | Describe the property that secures the claim:  | \$166,196.00                      | \$106,214.00                                 | \$59,982.00       |
| Creditor's Name   | 9308 Hidden Water Circle Riverview,  | φ100,130.00                       | φ100,214.00                                  | ψ39,902.00        |
|   | FL 33578 Hillsborough County   |                                   |  |                   |
| Attn: Bankruptcy  | As of the date you file, the claim is: Check all that  |                                   |  |                   |
| Po Box 1077   | apply.   |                                   |  |                   |
| Hartford, CT 06143  | Contingent   |                                   |  |                   |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated☐ Disputed   |                                   |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                                   |  |                   |
| ☐ Debtor 1 only   | ☐ An agreement you made (such as mortgage or se  | ecured                            |  |                   |
| Debtor 2 only   | car loan)  |                                   |  |                   |
| ■ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                                   |  |                   |
| At least one of the debtors and another                                 | ☐ Judgment lien from a lawsuit   |                                   |  |                   |
| ☐ Check if this claim relates to a community debt                       | Other (including a right to offset)  | gage                              |  |                   |

Official Form 106D

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| Debtor 1          | Todd K W   | hitaker                                   |  |                 | Case number (if know)  |              |             |
|-------------------|--|---|--|-----------------|------------------------|--------------|-------------|
|                   | First Name   | Middle Na                                 | ame Last Name  | _               |                        |              |             |
| Debtor 2          | Pamela De  | e Whitaker                                |  | _               |                        |              |             |
|                   | First Name   | Middle Na                                 | ame Last Name  |                 |                        |              |             |
| Date debt         | was incurred                                       | Opened<br>9/06/06<br>Last Active<br>09/18 | Last 4 digits of account numb  | per <u>5816</u> |                        |              |             |
| 2.3 <b>We</b>     | lls Fargo H  | ome Mor                                   | Describe the property that secures t   | he claim:       | \$27,122.13            | \$106,214.00 | \$27,122.13 |
| Attı<br>P.C       | n Bankrupto<br>D. Box 1033<br>S Moines, I <i>A</i> | 5   | 9308 Hidden Water Circle RivEL 33578 Hillsborough Court As of the date you file, the claim is: (apply.  Contingent | nty             |                        |              |             |
| Numl              | ber, Street, City, S                               | tate & Zip Code                           | ☐ Unliquidated   |                 |                        |              |             |
| Who owe           | s the debt? C                                      | heck one.                                 | Disputed  Nature of lien. Check all that apply.  |                 |                        |              |             |
| ☐ Debtor ☐ Debtor | =  |   | An agreement you made (such as no car loan)  | mortgage or se  | ecured                 |              |             |
| Debtor            | 1 and Debtor 2                                     | only                                      | ☐ Statutory lien (such as tax lien, med  | chanic's lien)  |                        |              |             |
| ☐ At least        | t one of the deb                                   | tors and another                          | ☐ Judgment lien from a lawsuit   |                 |                        |              |             |
|                   | if this claim re<br>nunity debt                    | lates to a                                | ■ Other (including a right to offset)  | Second M        | lortgage               |              |             |
| Date debt         | was incurred                                       | Opened<br>09/06 Last<br>Active 09/18      | Last 4 digits of account numb  | per 2481        |                        |              |             |
| If this is        |  | of your form, add                         | olumn A on this page. Write that numb<br>the dollar value totals from all pages.                                   | ber here:       | \$205,512<br>\$205,512 |              |             |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   | Ousc 0.10 bk  | 000001101 D00  | ı ıncu            | 03/24/10 1 age                     | 20 01 00   |
|---|---|--|-------------------|------------------------------------|--|
| Fill in this                                  | information to identify your case   | <b>:</b> :   |                   |                                    |  |
| Debtor 1                                      | Todd K Whitaker   |  |                   |                                    |  |
| Dobtor !                                      | First Name  | Middle Name  | Last Name         |                                    |  |
| Debtor 2                                      | Pamela Dee Whitakei   | r  |                   |                                    |  |
| (Spouse if, filin                             | g) First Name   | Middle Name  | Last Name         |                                    |  |
| United Stat                                   | es Bankruptcy Court for the: MI   | IDDLE DISTRICT OF FLORI                                      | DA                |                                    |  |
| Case numb                                     | per   |  |                   |                                    |  |
| (if known)                                    |   |  |                   |                                    | ☐ Check if this is an  |
|   |   |  |                   |                                    | amended filing   |
| Official I                                    | Form 106E/F   |  |                   |                                    |  |
|   | le E/F: Creditors Who   | Have Unsecured   | Claims            |                                    | 12/15  |
|   |   |  |                   | Part 2 for avaditors with NON      | NPRIORITY claims. List the other party to                                      |
| Schedule D:<br>left. Attach th<br>name and ca | ne Continuation Page to this page. If se number (if known).   | by Property. If more space is you have no information to rep | needed, copy t    | he Part you need, fill it out,     | number the entries in the boxes on the top of any additional pages, write your |
|   | List All of Your PRIORITY Unsec   |  |                   |                                    |  |
| ^   | creditors have priority unsecured cla   | iims against you?  |                   |                                    |  |
| _   | Go to Part 2.   |  |                   |                                    |  |
| ☐ Yes.  | int All of Vous NONDDIODITY II  | manage of Claims   |                   |                                    |  |
|   | List All of Your NONPRIORITY U  |  |                   |                                    |  |
| 3. Do any                                     | creditors have nonpriority unsecured  | d claims against you?  |                   |                                    |  |
| ☐ No. `                                       | You have nothing to report in this part. S  | Submit this form to the court with                           | your other sche   | dules.                             |  |
| Yes.  |   |  |                   |                                    |  |
| unsecur                                       | of your nonpriority unsecured claims<br>ed claim, list the creditor separately for<br>e creditor holds a particular claim, list the | each claim. For each claim listed                            | , identify what t | ype of claim it is. Do not list cl | laims already included in Part 1. If more                                      |
|   |   |  |                   |                                    | Total claim  |
|   | count Resolution Services   | Last 4 digits of acc   | ount number       | 4607                               | \$251.00   |
|   | npriority Creditor's Name tn: Bankruptcy  |  |                   | Opened 06/15 Last                  | Active   |
|   | Box 459079  | When was the debt  | incurred?         | 02/14                              | Active   |
| Su  | nrise, FL 33345   |  |                   |                                    |  |
|   | mber Street City State Zlp Code   | As of the date you   | file, the claim i | s: Check all that apply            |  |
|   | o incurred the debt? Check one.   | _  |                   |                                    |  |
|   | Debtor 1 only   | Contingent   |                   |                                    |  |
|   | Debtor 2 only   | Unliquidated   |                   |                                    |  |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                   |                                    |  |
|   | At least one of the debtors and another   | □  | ii Y unsecured    | ı cıaım:                           |  |
| □<br>dek                                      | Check if this claim is for a communi  | ty <u> </u>  |                   | rotion agreement 11: 1             | hat you did not  |
|   | he claim subject to offset?   | report as priority clai                                      |                   | ration agreement or divorce the    | iai you did not  |
|   | -   |  |                   | g plans, and other similar deb     | ots  |
|   | Yes   | _  |                   | Attorney Inphynet Co               |  |
|   |   | -  |                   |                                    |  |

|     | 1 Todd K Whitaker<br>2 Pamela Dee Whitaker   |   | Case number (if know)                        |             |  |  |  |
|-----|--|---|--|-------------|--|--|--|
| 4.2 | Chase Mortgage   | Last 4 digits of account number                                 | 5460   | \$0.00      |  |  |  |
|     | Nonpriority Creditor's Name Attn: Case Research & Bankruptcy Po Box 24696 Columbus, OH 43224 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim | Opened 09/06 Last Active 06/10               | 43.00       |  |  |  |
|     | Who incurred the debt? Check one.  |   |  |             |  |  |  |
|     | ☐ Debtor 1 only  | ☐ Contingent  |  |             |  |  |  |
|     | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                     |             |  |  |  |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |  |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |             |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts             |             |  |  |  |
|     | Yes  | Other. Specify Real Estate                                      | Mortgage                                     |             |  |  |  |
| 4.3 | Discover Financial Nonpriority Creditor's Name   | Last 4 digits of account number                                 | 3723   | \$20,231.00 |  |  |  |
|     | Po Box 3025<br>New Albany, OH 43054  | When was the debt incurred?                                     | Opened 10/91 Last Active 10/15               |             |  |  |  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                              |  |             |  |  |  |
|     | ☐ Debtor 1 only  | ☐ Contingent  |  |             |  |  |  |
|     | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |
|     | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                     |             |  |  |  |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |  |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims    |  |             |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing                              |  |             |  |  |  |
|     | Yes  | Other. Specify Credit Card                                      | <u> </u>                                     |             |  |  |  |
| 4.4 | Kohls/Capital One Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 9987   | \$0.00      |  |  |  |
|     | Kohls Credit<br>Po Box 3120<br>Milwaukee, WI 53201   | When was the debt incurred?                                     | Opened 06/11 Last Active 2/04/12             |             |  |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim                              |  |             |  |  |  |
|     | ☐ Debtor 1 only  | ☐ Contingent  |  |             |  |  |  |
|     | ■ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                   |  |             |  |  |  |
|     | ☐ Check if this claim is for a community debt  | Student loans   | ration agreement or divorce that you did not |             |  |  |  |
|     | Is the claim subject to offset?  | report as priority claims                                       |  |             |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts             |             |  |  |  |
|     | ☐ Yes  | ■ Other. Specify Charge Acc                                     | count  |             |  |  |  |

Official Form 106 E/F

|     | r 2 Pamela Dee Whitaker   |  | Case number (if know)                        |            |
|-----|---|--|--|------------|
| 4.5 | no name on CR Liability   | Last 4 digits of account number                              | 5301   | \$45.00    |
|     | Nonpriority Creditor's Name   | When was the debt incurred?                                  | Opened 02/16 Last Active 08/15               |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Debtor 1 only   | ☐ Contingent   |  |            |
|     | Debtor 2 only   | ☐ Unliquidated   |  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans  |  |            |
|     | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes   | Other. Specify Medical De                                    | bt   |            |
| 4.6 | Ohio Savings Bank Nonpriority Creditor's Name                       | Last 4 digits of account number                              | 5960   | \$0.00     |
|     | Attn: Bankruptcy 1801 E 9th St. #200 Cleveland, OH 44114            | When was the debt incurred?                                  | Opened 05/08 Last Active 03/11               |            |
|     | Number Street City State Zlp Code                                   | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.                                   |  |  |            |
|     | Debtor 1 only   | ☐ Contingent   |  |            |
|     | Debtor 2 only   | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|     | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |
|     | $\square$ Check if this claim is for a community                    | ☐ Student loans  |  |            |
|     | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes   | Other. Specify Real Estate                                   | Mortgage                                     |            |
| 4.7 | Portfolio Recovery Nonpriority Creditor's Name                      | Last 4 digits of account number                              | 1812   | \$2,413.00 |
|     | Po Box 41021<br>Norfolk, VA 23541                                   | When was the debt incurred?                                  | Opened 5/21/17 Last Active 01/16             |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Debtor 1 only   | ☐ Contingent   |  |            |
|     | Debtor 2 only   | ☐ Unliquidated   |  |            |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|     | At least one of the debtors and another                             | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ☐ Check if this claim is for a community                            | Student loans  |  |            |
|     | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | ☐ Yes   | ■ Other. Specify   | Company Account Synchrony                    |            |

|     | r 1 Todd K Whitaker<br>r 2 Pamela Dee Whitaker  |   | Case number (if know)                        |             |  |  |  |  |  |  |
|-----|---|---|--|-------------|--|--|--|--|--|--|
| 4.8 | Region/ams  | Last 4 digits of account number   | 3092   | \$0.00      |  |  |  |  |  |  |
|     | Nonpriority Creditor's Name Po Box 216  | When was the debt incurred?   | Opened 10/03 Last Active                     | · · ·       |  |  |  |  |  |  |
|     | Birmingham, AL 35201  Number Street City State Zlp Code                               | As of the date you file, the claim i  |  |             |  |  |  |  |  |  |
|     | Who incurred the debt? Check one.   |   |  |             |  |  |  |  |  |  |
|     | Debtor 1 only   | ☐ Contingent  |  |             |  |  |  |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |  |             |  |  |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |  |  |  |  |  |  |
|     | $\square$ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |  |  |  |  |
|     | ☐ Check if this claim is for a community debt   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not |             |  |  |  |  |  |  |
|     | Is the claim subject to offset?   | report as priority claims   |  |             |  |  |  |  |  |  |
|     | ■ No  | Debts to pension or profit-sharin   |  |             |  |  |  |  |  |  |
|     | Yes   | Other. Specify Credit Line  | Secured                                      |             |  |  |  |  |  |  |
| 4.9 | Second Round, LP Nonpriority Creditor's Name  | Last 4 digits of account number   | 1644   | \$8,642.00  |  |  |  |  |  |  |
|     | Po Box 41955<br>Austin, TX 78704  | When was the debt incurred?   | Opened 12/17                                 |             |  |  |  |  |  |  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                   | As of the date you file, the claim i  | s: Check all that apply                      |             |  |  |  |  |  |  |
|     | ■ Debtor 1 only   | ☐ Contingent  |  |             |  |  |  |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |  |             |  |  |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |  |  |  |  |  |  |
|     | $\square$ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |  |  |  |  |
|     | ☐ Check if this claim is for a community  | Student loans   |  |             |  |  |  |  |  |  |
|     | debt Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not |             |  |  |  |  |  |  |
|     | No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts             |             |  |  |  |  |  |  |
|     | Yes   | Other. Specify Collection   | Attorney Synchrony Bank                      |             |  |  |  |  |  |  |
| 4.1 | Suncoast Cu   | Last 4 digits of account number   | 4362   | \$29,227.00 |  |  |  |  |  |  |
|     | Nonpriority Creditor's Name Attn: Col 002 Po Box 11904                                | When was the debt incurred?   | Opened 03/96 Last Active 8/29/18             |             |  |  |  |  |  |  |
|     | Tampa, FL 33680  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply                      |             |  |  |  |  |  |  |
|     | Debtor 1 only   | По и  |  |             |  |  |  |  |  |  |
|     | Debtor 2 only   | ☐ Contingent  |  |             |  |  |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed  |  |             |  |  |  |  |  |  |
|     | At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |  |  |  |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |  |  |  |  |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims                | ration agreement or divorce that you did not |             |  |  |  |  |  |  |
|     | No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |             |  |  |  |  |  |  |
|     | Yes   | ■ Other. Specify Credit Card  | l  |             |  |  |  |  |  |  |

|          | r 1 Todd K Whitaker<br>r 2 Pamela Dee Whitaker   |   | Case number (if know)                        |        |
|----------|--|---|--|--------|
| 4.1<br>1 | Suntrust Bk Tampa Bay  | Last 4 digits of account number   | 8190   | \$0.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Mail Code VA-RVW-6290 PO Box 85092          | When was the debt incurred?   | Opened 10/07 Last Active 10/22/12            |        |
|          | Richmond, VA 23286  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply                      |        |
|          | ☐ Debtor 1 only  | ☐ Contingent  |  |        |
|          | Debtor 2 only  | ☐ Unliquidated  |  |        |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |        |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |        |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                  | ration agreement or divorce that you did not |        |
|          | ■ No   | Debts to pension or profit-sharin   | g plans, and other similar debts             |        |
|          | Yes  | Other. Specify Agriculture  |  |        |
| 4.1      | Synchrony Bank/ JC Penneys   | Last 4 digits of account number   | 9065   | \$0.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896        | When was the debt incurred?   | Opened 08/95 Last Active 03/15               |        |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                      | As of the date you file, the claim  | s: Check all that apply                      |        |
|          | Debtor 1 only  | ☐ Contingent  |  |        |
|          | Debtor 2 only  | ☐ Unliquidated  |  |        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |        |
|          | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa                           | ration agreement or divorce that you did not |        |
|          | Is the claim subject to offset?  | report as priority claims   | ,  |        |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |        |
|          | Yes  | Other. Specify Charge Acc   | count  |        |
| 4.1      | Synchrony Bank/Lowes Nonpriority Creditor's Name   | Last 4 digits of account number   | 1644   | \$0.00 |
|          | Attn: Bankruptcy Dept<br>Po Box 965060   | When was the debt incurred?   | Opened 04/15 Last Active 11/15               |        |
|          | Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim  | s: Check all that apply                      |        |
|          | Debtor 1 only  | ☐ Contingent  |  |        |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |        |
|          | ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not |        |
|          | Is the claim subject to offset?  | report as priority claims   |  |        |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |        |
|          | ☐ Yes  | ■ Other. Specify Charge Acc   | count  |        |

## Case 8:18-bk-08056-RCT Doc 1 Filed 09/24/18 Page 25 of 66

| Debtor<br>Debtor           |  |                     | hitaker<br>ee Whitaker   |  | Cas                | se n        | umber (                | (if know)                      |                    |                    |   |
|----------------------------|--|---------------------|--|--|--------------------|-------------|------------------------|--------------------------------|--------------------|--------------------|---|
| 4.1                        | -  | -                   | Bank/Sams Club   | Last 4 digits of account number                              | 05                 | 77          |                        | _                              |                    |                    | \$0.00  |
|                            | Po Box 9<br>Orlando,                           | nkr<br>650<br>FL    | ruptcy Dept<br>060<br>. 32896  | When was the debt incurred?                                  |                    | pen<br>)/06 |                        | 05 Last                        | Activ              | <b>e</b>           | _   |
|                            |  |                     | City State Zlp Code he debt? Check one.  | As of the date you file, the claim                           | is: Ch             | neck        | all that a             | apply                          |                    |                    |   |
|                            | Debtor 1                                       |                     |  | ☐ Contingent   |                    |             |                        |                                |                    |                    |   |
|                            | Debtor 2                                       | only                | ,<br>Y   | ☐ Unliquidated   |                    |             |                        |                                |                    |                    |   |
|                            | Debtor 1                                       | and                 | Debtor 2 only  | ☐ Disputed   |                    |             |                        |                                |                    |                    |   |
|                            | _  |                     | of the debtors and another   | Type of NONPRIORITY unsecure                                 | ed clai            | m:          |                        |                                |                    |                    |   |
|                            | _  |                     | s claim is for a community   | ☐ Student loans  |                    |             |                        |                                |                    |                    |   |
|                            | debt   |                     | •  | ☐ Obligations arising out of a sep                           | aration            | n agı       | reement                | or divorce th                  | hat you            | did not            |   |
|                            |  | sub                 | oject to offset?   | report as priority claims                                    |                    |             |                        |                                |                    |                    |   |
|                            | ■ No   |                     |  | Debts to pension or profit-shari                             |                    |             |                        |                                |                    |                    |   |
|                            | ☐ Yes  |                     |  | Other. Specify   |                    |             |                        |                                |                    |                    |   |
| 4.1<br>5                   | Synchror<br>Nonpriority C                      | -                   | Bank/Walmart   | Last 4 digits of account number                              | 64                 | 70          |                        |                                |                    |                    | \$0.00  |
|                            |  | nkr<br>650          | ruptcy Dept<br>060   | When was the debt incurred?                                  |                    | pen<br>7/11 |                        | 05 Last                        | Activ              | e                  | _   |
|                            | Number Stre                                    | eet C               | City State Zlp Code he debt? Check one.  | As of the date you file, the claim                           | is: Ch             | neck        | all that a             | apply                          |                    |                    |   |
|                            | Debtor 1                                       | only                | y  | ☐ Contingent   |                    |             |                        |                                |                    |                    |   |
|                            | Debtor 2                                       | only                | y  | ☐ Unliquidated   |                    |             |                        |                                |                    |                    |   |
|                            | Debtor 1                                       | and                 | Debtor 2 only  | Disputed   |                    |             |                        |                                |                    |                    |   |
|                            | ☐ At least o                                   | one                 | of the debtors and another   | Type of NONPRIORITY unsecure                                 | ed clai            | m:          |                        |                                |                    |                    |   |
|                            | ☐ Check if                                     | this                | s claim is for a community   | ☐ Student loans  |                    |             |                        |                                |                    |                    |   |
|                            | debt<br>Is the claim                           | sul                 | oject to offset?   | ☐ Obligations arising out of a sep report as priority claims | aration            | า agr       | reement                | or divorce th                  | hat you            | did not            |   |
|                            | ■ No   |                     |  | Debts to pension or profit-shari                             | ing pla            | ns, a       | and othe               | r similar deb                  | ots                |                    |   |
|                            | ☐ Yes  |                     |  | Other. Specify Credit Car                                    | d                  |             |                        |                                |                    |                    | _   |
| Part 3:                    | List Oth                                       | ers                 | to Be Notified About a Debt  | That You Already Listed                                      |                    |             |                        |                                |                    |                    |   |
| is tryi<br>have<br>notifie | ng to collect<br>more than on<br>ed for any de | froi<br>ne c<br>bts | m you for a debt you owe to some reditor for any of the debts that y in Parts 1 or 2, do not fill out or s |  | in Part<br>ditiona | s 1 d       | or 2, the<br>editors h | en list the co<br>nere. If you | ollectio<br>do not | n agend<br>have ad | cy here. Similarly, if you diditional persons to be |
|                            | of unsecured                                   |                     |  |  |                    |             |                        | Total C                        |                    |                    |   |
|                            | Total  | Sa.                 | Domestic support obligations   |  | 6a                 |             | \$                     |                                |                    | 0.00               | )   |
| from P                     | aims<br>Part 1 6                               | Sb.                 | Taxes and certain other debts y  | ou owe the government  | 6b                 |             | \$                     |                                |                    | 0.00               | 0   |
|                            | 6  | 6c.                 | Claims for death or personal inj   | ury while you were intoxicated                               | 6c                 |             | \$                     |                                |                    | 0.00               |   |
|                            | 6  | 6d.                 | Other. Add all other priority unsec  | ured claims. Write that amount here.                         | 6d                 | -           | \$                     |                                |                    | 0.00               | <u>)                                    </u>        |
|                            | 6  | Se.                 | Total Priority. Add lines 6a through   | ıh 6d.   | 6e                 | -           | \$                     |                                |                    | 0.00               | <u>)</u>  |
|                            | fotal<br>aims                                  | Sf.                 | Student loans  |  | 6f.                |             | \$                     | Total C                        | Claim              | 0.00               | )   |

| Debtor 1 Tod<br>Debtor 2 Pan |     | /hitaker<br>ee Whitaker   | Case n | umber (if know) |           |  |
|------------------------------|-----|---|--------|-----------------|-----------|--|
| from Part 2                  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.    | \$              | 0.00      |  |
|                              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.    | \$              | 0.00      |  |
|                              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.    | \$              | 60,809.00 |  |
|                              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j.    | \$              | 60,809.00 |  |

| Fill in this infor  | rmation to identify your | case:              |           |  |
|---------------------|--------------------------|--------------------|-----------|--|
| Debtor 1            | Todd K Whitaker          |                    |           |  |
|                     | First Name               | Middle Name        | Last Name |  |
| Debtor 2            | Pamela Dee Whit          | aker               |           |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |  |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |  |
| Case number         |                          |                    |           |  |
| (if known)          |                          |                    |           |  |
|                     |                          |                    |           |  |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.2 |           |              |                   |                     | _                                       |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.3 | City      |              | Otate             | Zii Code            |   |
| 2.0 | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.4 |           |              |                   |                     |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.5 | J.1.,     |              | Oldio             | <u> </u>            |   |
| -   | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | _                                       |
|     | July      |              | Olalo             | <u> </u>            |   |

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|                            |   |  |  |  |  | İ   |
|----------------------------|---|--|--|--|--|---|
| Fill in thi                | s informatio  | n to identify your   | case:  |  |  |   |
| Debtor 1                   | To  | odd K Whitaker   |  |  |  |   |
|                            |   | st Name  | Middle Name  | Last Name  |  |   |
| Debtor 2<br>(Spouse if, fi |   | amela Dee Whit<br>st Name                                      | Aker Middle Name   | Last Name  |  |   |
|                            | 3/  |  |  |  |  |   |
| United St                  | ates Bankrup  | tcy Court for the:   | MIDDLE DISTRICT OF   | FLORIDA  |  |   |
| Case nun                   | nber  |  |  |  |  |   |
| (if known)                 |   |  |  |  |  | ☐ Check if this is an   |
|                            |   |  |  |  |  | amended filing  |
| Officia                    | al Form   | 106H   |  |  |  |   |
|                            |   |  | -1-4   |  |  |   |
| Sche                       | aule H:   | Your Cod   | eptors   |  |  | 12/15   |
| 1. Do                      | o you have and ones ithin the last ona, California or Go to line 3 es. Did your spolumn 1, list | 8 years, have you<br>I, Idaho, Louisiana<br>Douse, former spot | u lived in a community p<br>, Nevada, New Mexico, Po<br>use, or legal equivalent liv<br>cors. Do not include you | roperty state or territory uerto Rico, Texas, Washing we with you at the time? | ? (Community proper gton, and Wisconsin. | ty states and territories include<br>)<br>ng with you. List the person shown<br>he creditor on Schedule D (Official |
|                            | Column 2.   | ·  | l Form 106E/F), or Sched   | dule G (Official Form 106  |  | Schedule E/F, or Schedule G to fill   |
|                            |   | our codebtor<br>Street, City, State and Z                      | IP Code  |  | Check all schedul                        | editor to whom you owe the debt es that apply:  |
|                            |   |  |  |  |  |   |
| 3.1                        | Name  |  |  |  | ☐ Schedule D, lir                        |   |
|                            | ramo  |  |  |  | ☐ Schedule E/F,☐ Schedule G, lii         |   |
|                            |   |  |  |  | Scriedule G, III                         | ie  |
|                            | Number<br>City  | Street   | State  | ZIP Code   |  |   |
|                            | July  |  | Sidio  | 2.11 Oode  |  |   |
|                            |   |  |  |  |  |   |
| 3.2                        | Name  |  |  |  | ☐ Schedule D, lir                        |   |
|                            | INAIIIC   |  |  |  | ☐ Schedule E/F,                          |   |
|                            |   |  |  |  | ☐ Schedule G, lii                        | ne  |
|                            | Number  | Street   | Ctata  | 710.0-1-   | -  |   |
|                            | City  |  | State  | ZIP Code   |  |   |

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| Fill       | in this information to identify your o  | case:                       |           |                        |           |       |                |                                  |                   |                            |        |
|------------|---|-----------------------------|-----------|------------------------|-----------|-------|----------------|----------------------------------|-------------------|----------------------------|--------|
| De         | btor 1 Todd K Wh  | itaker                      |           |                        |           | _     |                |                                  |                   |                            |        |
| 1          | btor 2 Pamela Dee   | Whitaker                    |           |                        |           | _     |                |                                  |                   |                            |        |
| Un         | ited States Bankruptcy Court for the  | e: MIDDLE DISTRICT O        | F FLORI   | DA                     |           | _     |                |                                  |                   |                            |        |
|            | se number<br>nown)  |                             | -         |                        |           |       | □ An           | if this is:<br>amende<br>uppleme | 0                 | ing postpetition c         | hapter |
| $\sim$     | fficial Form 1061   |                             |           |                        |           |       | 13 i           | income a                         | as of the         | following date:            |        |
|            | fficial Form 106I   |                             |           |                        |           |       | MM             | I / DD/ Y                        | YYY               |                            |        |
|            | chedule I: Your Inc   |                             |           |                        |           |       |                |                                  | _                 |                            | 12/15  |
| atta<br>Pa | use. If you are separated and you che a separate sheet to this form.  It 1: Describe Employment | On the top of any additi    |           |                        |           |       |                |                                  |                   |                            |        |
| 1.         | Fill in your employment information.  |                             | Debto     | r 1                    |           |       |                | Debtor 2                         | or non-           | filing spouse              |        |
|            | If you have more than one job, attach a separate page with                                      | Employment status*          | ■ Em      | ployed                 |           |       |                | ■ Emplo                          | yed               |                            |        |
|            | information about additional  | p.oyon otatao               | ☐ Not     | t employed             |           |       | [              | ☐ Not er                         | mployed           |                            |        |
|            | employers.  | Occupation                  | Mana      | ger                    |           |       | <u>L</u>       | iaison                           |                   |                            |        |
|            | Include part-time, seasonal, or self-employed work.   | Employer's name             | Good      | lman Group             | )         |       |                | Amazor                           | 1                 |                            |        |
|            | Occupation may include student or homemaker, if it applies.                                     | Employer's address          |           | ake Ave<br>o, FL 33771 |           |       |                |                                  | lamo D<br>FL 336  |                            |        |
|            |   | How long employed to        | here?     | 6 month<br>*See Atta   |           | for   | Additional     |                                  | years<br>yment Ir | nformation                 |        |
| Pa         | rt 2: Give Details About Mo   | nthly Income                |           |                        |           |       |                |                                  |                   |                            |        |
|            | imate monthly income as of the ouse unless you are separated.                                   | late you file this form. If | you have  | nothing to re          | port for  | any   | line, write \$ | 0 in the                         | space. I          | nclude your non-           | filing |
|            | ou or your non-filing spouse have m<br>e space, attach a separate sheet to                      |                             | ombine th | ne information         | for all e | emplo | oyers for th   | at perso                         | n on the          | lines below. If yo         | u need |
|            |   |                             |           |                        |           |       | For Debto      | or 1                             |                   | ebtor 2 or<br>iling spouse |        |
| 2.         | List monthly gross wages, sala deductions). If not paid monthly,                                |                             |           |                        | 2.        | \$    | 3,2            | 01.34                            | \$                | 2,044.45                   |        |
| 3.         | Estimate and list monthly over  | time pay.                   |           |                        | 3.        | +\$   |                | 0.00                             | +\$               | 0.00                       |        |

Official Form 106I Schedule I: Your Income page 1

3,201.34

2,044.45

Calculate gross Income. Add line 2 + line 3.

|     | otor 1<br>otor 2  | Todd K Whitaker Pamela Dee Whitaker   | _                       | Case             | number ( <i>if known</i> ) |          |                               |          |
|-----|-------------------|---|-------------------------|------------------|----------------------------|----------|-------------------------------|----------|
|     |                   |   |                         | For              | Debtor 1                   |          | Debtor 2 or<br>-filing spouse |          |
|     | Cop               | by line 4 here  | 4.                      | \$               | 3,201.34                   | \$       | 2,044.45                      |          |
| 5.  | List              | all payroll deductions:   |                         |                  |                            |          |                               |          |
|     | 5a.               | Tax, Medicare, and Social Security deductions   | 5a.                     | \$               | 391.49                     | \$       | 211.36                        |          |
|     | 5b.               | Mandatory contributions for retirement plans  | 5b.                     | \$               | 0.00                       | \$       | 0.00                          |          |
|     | 5c.               | Voluntary contributions for retirement plans  | 5c.                     | \$               | 0.00                       | \$       | 0.00                          |          |
|     | 5d.               | Required repayments of retirement fund loans  | 5d.                     | \$               | 0.00                       | \$       | 0.00                          |          |
|     | 5e.               | Insurance   | 5e.                     | \$_              | 0.00                       | \$       | 344.30                        |          |
|     | 5f.               | Domestic support obligations  | 5f.                     | \$_              | 0.00                       | \$_      | 0.00                          |          |
|     | 5g.               | Union dues  | 5g.                     | \$_              | 0.00                       | \$       | 0.00                          |          |
|     | 5h.               | Other deductions. Specify: Garnishment  | 5h.+                    | _                | 578.41                     | + \$     | 0.00                          |          |
| 6.  | Add               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                      | \$               | 969.90                     | \$       | 555.66                        |          |
| 7.  | Cal               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                      | \$               | 2,231.44                   | \$       | 1,488.79                      |          |
| 8.  | List<br>8a.       | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.                     | \$               | 0.00                       | \$       | 0.00                          |          |
|     | 8b.               | Interest and dividends  | 8b.                     | \$_              | 0.00                       | \$       | 0.00                          |          |
|     | 8c.<br>8d.        | • • •   | 8c.<br>8d.              | \$<br>\$<br>\$   | 0.00<br>0.00               | \$<br>\$ | 0.00<br>0.00                  |          |
|     | 8e.               | Social Security   | 8e.                     | Φ_               | 0.00                       | Φ        | 0.00                          |          |
|     | 8f.<br>8g.<br>8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify: | e<br>8f.<br>8g.<br>8h.+ | \$_<br>\$_<br>\$ | 0.00<br>0.00<br>0.00       | \$<br>\$ | 0.00<br>0.00<br>0.00          |          |
|     |                   |   | _ '''                   |                  | 0.00                       |          |                               | 7        |
| 9.  | Add               | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                      | \$               | 0.00                       | \$       | 0.00                          |          |
| 10. |                   | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$                  |                  | 2,231.44 + \$              | 1,4      | = \$                          | 3,720.23 |
| 11. | Incluothe<br>Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:   | depen                   |                  |                            |          | Schedule J.<br>11. +\$        | 0.00     |
| 12. |                   | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certallies  |                         |                  |                            |          | 12. \$                        | 3,720.23 |
| 13. | Do                | you expect an increase or decrease within the year after you file this form   | ı?                      |                  |                            |          | Combin<br>monthly             | income   |
|     |                   | No.   |                         |                  |                            |          |                               |          |
|     |                   | Yes. Explain:   |                         |                  |                            |          |                               |          |

| Debtor 1 | Todd K Whitaker     |                        |
|----------|---------------------|------------------------|
| Debtor 2 | Pamela Dee Whitaker | Case number (if known) |

# Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                                |  |
|---------------------|--------------------------------|--|
| Occupation          |                                |  |
| Name of Employer    | Zydeco Brew Werks of Ybor City |  |
| How long employed   | 6 months                       |  |
| Address of Employer | 1902 E. 7th Ave                |  |
|                     | Tampa, FL 33605                |  |

|                                      |  |  |   |                       | 1                                       |                   |          |                               |  |  |
|--------------------------------------|--|--|---|-----------------------|---|-------------------|----------|-------------------------------|--|--|
| Fill in this info                    | ormation to identify yo  | our case:  |   |                       |   |                   |          |                               |  |  |
| Debtor 1                             | Debtor 1 Todd K Whitaker   |  |   |                       |   | Check if this is: |          |                               |  |  |
| Debtor 2                             |  | ☐ An amended filing ☐ A supplement showing postpetition chapte |   |                       |   |                   |          |                               |  |  |
| (Spouse, if filing                   | Pamela Dee   | vviiitakei   |   |                       |   |                   |          | the following date:           |  |  |
| United States E                      | Bankruptcy Court for the   | : MIDDLE   | E DISTRICT OF FLORIDA                                       |                       |   | MM / DD           | / YYYY   |                               |  |  |
| Case number                          |  |  |   |                       |   |                   |          |                               |  |  |
| (If known)                           |  |  |   |                       |   |                   |          |                               |  |  |
| Official                             | Form 106J  |  |   |                       |   |                   |          |                               |  |  |
| Schedu                               | ıle J: Your  | Exper  | ises  |                       |   |                   |          | 12/1                          |  |  |
| Be as complinformation. number (if k | ete and accurate as<br>If more space is ne<br>nown). Answer ever | possible.<br>eded, atta<br>y question                          | If two married people ar<br>ch another sheet to this        |                       |   |                   |          |                               |  |  |
|                                      | escribe Your House<br>i joint case?                              | hold   |   |                       |   |                   |          |                               |  |  |
|                                      | Go to line 2.  |  |   |                       |   |                   |          |                               |  |  |
| Yes.                                 | Does Debtor 2 live i   | in a separ   | ate household?  |                       |   |                   |          |                               |  |  |
| _                                    | ■ No   |  | al Farm 400 l 2 Francisco                                   | for Consumts House    | - h - l - l - l - l - l - l - l - l - l | -h 0              |          |                               |  |  |
|                                      | Tes. Debiol 2 mus  | st lile Offici   | al Form 106J-2, <i>Expenses</i>                             | тог Separate House    | פו וטומ טו טו                           | ebioi 2.          |          |                               |  |  |
| 2. Do you                            | have dependents?   | ■ No   |   |                       |   |                   |          |                               |  |  |
| Do not li<br>Debtor 2                | st Debtor 1 and  | ☐ Yes.   | Fill out this information for each dependent                | Dependent's relati    |   | Depe<br>age       | endent's | Does dependent live with you? |  |  |
|                                      |  |  |   |                       |   |                   |          | □ No                          |  |  |
| Do not s<br>depende                  | ents names.  |  |   |                       |   |                   |          | ☐ Yes                         |  |  |
|                                      |  |  |   |                       |   |                   |          | □ No                          |  |  |
|                                      |  |  |   |                       |   |                   |          | ☐ Yes                         |  |  |
|                                      |  |  |   |                       |   |                   |          | □ No<br>□ Yes                 |  |  |
|                                      |  |  |   |                       |   |                   |          | □ No                          |  |  |
|                                      |  |  |   |                       |   |                   |          | ☐ Yes                         |  |  |
|                                      | r expenses include<br>es of people other t                       | han  | No  |                       |   |                   |          |                               |  |  |
|                                      | f and your depende   |  | Yes   |                       |   |                   |          |                               |  |  |
| Part 2:                              | stimate Your Ongoi   | na Monthi  | v Expenses  |                       |   |                   |          |                               |  |  |
| Estimate you                         | ur expenses as of year   | our bankrı   | uptcy filing date unless y<br>y is filed. If this is a supp |                       |   |                   |          |                               |  |  |
|                                      |  |  | government assistance it                                    |                       |   |                   |          |                               |  |  |
| (Official Fori                       | n 106l.)   |  |   |                       |   | _                 | Your exp | enses                         |  |  |
|                                      | tal or home owners<br>ts and any rent for the                    |  | ses for your residence. In                                  | nclude first mortgage | e 4.                                    | \$                |          | 1,300.00                      |  |  |
| If not in                            | cluded in line 4:  |  |   |                       |   |                   |          |                               |  |  |
| 4a. R                                | eal estate taxes   |  |   |                       | 4a.                                     | \$                |          | 0.00                          |  |  |
|                                      | roperty, homeowner's   | s, or renter   | 's insurance  |                       | 4b.                                     |                   |          | 0.00                          |  |  |
|                                      | ome maintenance, re  | •  |   |                       | 4c.                                     | · <u> </u>        |          | 0.00                          |  |  |
|                                      | omeowner's associat  |  | dominium dues<br>our residence, such as ho                  | me equity loops       | 4d.                                     | \$<br>\$          |          | 0.00                          |  |  |
| J. AUUILIO                           | nai mortgage payme   | onto for yo  | on residence, such as no                                    | ne equity loans       | ວ.                                      | Ψ                 |          | 0.00                          |  |  |

| Debtor   Pamela Dee Whitaker   Case number (# known)   | Debtor 1      |        |              | Whitaker  |              |                 |                               |  |
|--|---------------|--------|--------------|---|--------------|-----------------|-------------------------------|--|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. \$ 90.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 250.00 6d. Other, Specify. 6d. \$ 50.00 7. Food and housekeeping supplies 7. \$ 555.00 8. \$ 50.00 9. Clothing, leundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 10. \$ 70.00 11. Personal care products and services 10. \$ 70.00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 200.00 12. Transportation, include gas, maintenance, bus or train fare. 13. Enternahment, clubs, recreation, newspapers, magazines, and books 14. \$ 0.00 15. Insurance. 16. Chalrable contributions and religious donations 14. \$ 0.00 15. Insurance. 16. Vehicle insurance deducted from your pay or included in lines 4 or 20. 16. Vehicle insurance. 17. Vehicle insurance 18. Vehicle insurance 19. Vehicle insurance 19. Vehicle insurance. 20. Ve                     | Dec           | otor 2 | Pameia       | Dee Whitaker  | Case num     | nber (if known) |                               |  |
| Beb.   Water, sawer, garbage collection   Bet.   Septicity   Cell   C                                  | 6. Utilities: |        |              |   |              |                 |                               |  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Obnor. Specity.  Food and housekeeping supplies 7. \$ 555.00 8. \$ 550.00 9. Clothing, laundry, and dry cleaning 9. \$ 150.00 10. Personal care products and services 10. \$ 70.00 11. Medical and denial expenses 11. \$ 70.00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 200.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. \$ 0.00 14. Charitable contributions and religious donations 15. Insurance. 16. Charitable contributions and religious donations 17. Insurance. 18. Lithing training the contribution of the services of the servic                         |               |        |              | · · · · · · · · · · · · · · · · · · ·                                 |              |                 |                               |  |
| 8 d. Other. Specify.  Food and housekeeping supplies  7  |               |        |              |   |              | ·               |                               |  |
| Food and housekeeping supplies   7. \$   550.00  |               |        | •            |   |              | ·               |                               |  |
| State   Sta                                  |               |        |              |   |              |                 |                               |  |
| Cothing, laundry, and dry cleaning   |               |        |              |   |              | ·               |                               |  |
| 10. Personal care products and services 10. \$ 70.00 11. Medical and dental expenses 11. \$ 75.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. \$ 200.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insuranc                             | _             |        |              |   |              | ·               |                               |  |
| 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car peyments. 13. Emertaliment, clubs, recreation, newspapers, magazines, and books 13. Emertaliment, clubs, recreation, newspapers, magazines, and books 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S 0.00 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Vehicle insurance 17d. Vehic                               |               |        | •            |   | -            | ·               |                               |  |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include acrapyments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. 15c. Vehicle insurance. 15d. Other insu                               |               |        |              | •   |              | ·               |                               |  |
| Do not include car payments.  12. \$ 200.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. S 0.00  15c. Vehicle insurance  15c. Vehicle insurance.  15d. S 145.52  15d. Health insurance.  15d. S 0.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15pecify:  16. S 0.00  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other Specify:  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Other payments or vehicle 2  17d. S 0.00  17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i).  18 Your payments you make to support others who do not live with you.  19c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  22a. Add lines 4 through 21.  23b. Copy line 22 (monthly expenses from line 22c above.  23c. Subtract your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from line 22c above.  23c. S                           |               |        |              | ·   | 11.          | \$              | 75.00                         |  |
| 13. Entertaliment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 145.52 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 1213.00 15c. Vehicle insurance, 15c. \$ 213.00 15d. Other insurance, Specify: 15d. Other insurance, Specify: 15d. Other insurance, Specify: 15d. Car payments for Wehicle 1 17a. \$ 447.49 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify: 17d. Specify: 17d. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Other. Specify: 17d. Spe                         | 12.           |        |              |   | 12.          | \$              | 200.00                        |  |
| 14. \$ 0.00    Insurance.   15a. Life insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15b. S.   145.52   15b. Health insurance   15b. S.   0.00   15c. Vehicle insurance   15b. S.   0.00   15c. Vehicle insurance. Specify:   15d. S.   0.00   15c. Vehicle insurance   15b. S.   0.00   15c. Vehicle insurance. Specify:   15d. S.   0.00   15d. Vehicle insurance. Specify:   16d. S.   0.00   17d. Control to the sease payments:   17a. S.   0.00   17d. Control to the sease payments:   17a. S.   0.00   17d. Control to the sease payments for Vehicle 2   17b. S.   0.00   17d. Control to the specify:   17c. S.   0.00   17d. Control to the specify:   17d. S.   0.00   17d. S.   0.00   17d. Control to the specify:   17d. S.   0.00   0.00   17d. S.   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.                               | 13.           |        |              |   |              | ·               | 0.00                          |  |
| 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. S 0.000 15c. Vehicle insurance 15b. S 0.000 15c. Vehicle insurance Specify: 15d. Other insurance. Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Spe                                |               |        |              |   |              |                 |                               |  |
| 15a. Life insurance 15b. Health insurance 15b. Health insurance 15b. Health insurance 15b. Health insurance 15b. S 0.00 15c. Vehicle insurance. Specily: 15d. S 0.00 15d. Other insurance. Specily: 15d. S 0.00 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S 0.00 17b. Car payments for Vehicle 1 17a. S 447.49 17b. Car payments for Vehicle 2 17b. S 0.00 17c. Other. Specify: 17c. S 0.00 17d. Other. Specify: 17c. S 0.00 17d. Other. Specify: 17d. S 0.00 17d. Other. Specify: 17d. S 0.00 17d. Other specify: 17d. S 0.00 17d.                                 |               |        |              |   |              |                 | 0.00                          |  |
| 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specity: 15d. \$ 213.00 15d. Other insurance. Specity: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specity: 16. \$ 0.00 17d. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. \$ 0.00 17c. Cither. Specity: 17c. Other. Specity: 17d. Other. Specity: 17d. Other. Specity: 17d. Other. Specity: 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 19. Other payments you make to support others who do not live with you. Specity: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Homeowner's association or condominium dues 20e. \$ 0.00 20f. Other: Specify: 21. +\$ 0.000 21. Other: Specify: 22. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your care kinh in the year after you file this form? For example, do you expect to finish paying for your care loan within the year after you file this form? For example, do you expect to finish paying for your care loan within the year after you file this form? For example, do you expect to finish paying for your care loan within the year after you file this form?   |               | Do n   | ot include i | insurance deducted from your pay or included in lines 4 or 20.        |              |                 |                               |  |
| 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ 0.00  16. Taxes. Do not included taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 447.49  17b. Car payments for Vehicle 2 17b. \$ 0.00  17c. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other specify: 17d. \$ 0.00  17d. Other specify: 17d. \$ 0.00  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I). \$ 0.00  18. Your payments of alimony, maintenance, and support they with you. \$ 0.00  19. Other payments you make to support others who do not live with you. \$ 0.00  20c. Specify: 19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep 20d. \$ 0.00  20d. Maintenance, repair, and upkeep 20d. \$ 0.00  20d. Maintenance |               | 15a.   | Life insur   | rance   | 15a.         | \$              | 145.52                        |  |
| 15d. Other insurance. Specify:  15d. \$ 0.00  17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  16. \$ 0.00  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. S 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l).  18. S 0.00  19. Other payments you make to support others who do not live with you.  Specify:  19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.  20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20c. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20e. Homeowner's association or condominium dues  20e. \$ 0.00  21. Other: Specify:  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  23a. Calculate your monthly expenses from Destrone in the support of the swift your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Copy your monthly expenses from line 22c above.  23b. Copy your monthly expenses from line 22c above.  24b. Do you expect to finish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ■ No.  |               | 15b.   | Health in    | surance   | 15b.         | \$              | 0.00                          |  |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17a. Car payments for Vehicle 1  17b. \$  447.49  17b. Car payments for Vehicle 2  17b. \$  0.00  17c. Other. Specify: 17d. Other. Specify: 18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106).  18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106).  19. Other payments you make to support others who do not live with you.  Specify: 19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 24 incomply and proper monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Subtract your monthly expenses from line 22c above. 23b\$ 3,741.01  23c. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 24b. Do you expect to finish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  |               | 15c.   | Vehicle in   | nsurance  |              |                 | 213.00                        |  |
| Specify:    16. \$   0.00  |               |        |              | ·   | 15d.         | \$              | 0.00                          |  |
| 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Subtract your monthly expenses from line 22c above. 23b. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly net income. 23c. Subtract your monthly net income. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly net income. 23c. Subtrac                               | 16.           |        |              | nclude taxes deducted from your pay or included in lines 4 or 20.     |              | •               |                               |  |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Cother. Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, and upkeep expenses 20c. Homeowner's association or condominium dues 20c. Homeowner's association or condominium dues 20c. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly net income. 23c. Subtract your monthly expenses from line 22c above. 24c. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  ■ No.  |               | •      | ,            |   | 16.          | \$              | 0.00                          |  |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23c. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your expenses within the year of do you expect of linish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  ■ No.   | 17.           |        |              |   | 170          | ¢               | 447.40                        |  |
| 17c. Other. Specify: 17d. Other. Specify: 19. 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00  19. Other payments you make to support others who do not live with you. \$ 0.00  Specify: 19.  20. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's association or condominium dues 20c. Homeowner's association or condominium dues 20c. Homeowner's association or condominium dues 20c. Society = 0.00  21. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 3,741.01  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly expenses from line 22c above. 23a. Copy your monthly expenses from line 22c above. 23b\$ 3,741.01  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year of o you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ■ No.  |               |        |              |   |              | ·               |                               |  |
| 17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19.  19.  19.  19.  19.  19.  19.  19  |               |        |              | ooifu:  |              | *               |                               |  |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify:  19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Montgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  20e. Specify:  21. +\$ 0.00  21. Other: Specify:  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income)  23a. Copy your monthly expenses from line 22c above.  23b. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  |               |        |              | -   |              |                 |                               |  |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  20e. \$  0.00  20f. Other: Specify:  21. +\$  0.00  22c. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Calculate your monthly net income.  23a. Copy your monthly net income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly expenses from your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   | 18            |        |              |   |              | Ψ               | 0.00                          |  |
| 19. Other payments you make to support others who do not live with you. Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify: 21. +\$ 0.00  21. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy ure monthly net income. 23a. Copy your monthly expenses from line 22c above. 23b\$ 3,741.01  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ■ No.   | 10.           |        |              |   |              | \$              | 0.00                          |  |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?   | 19.           |        |              |   |              | \$              | 0.00                          |  |
| 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  21. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year of do you expect your montage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               | Spec   | cify:        |   | 19.          |                 |                               |  |
| 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$  23d. \$  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?   | 20.           |        |              |   |              |                 |                               |  |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b\$ 3,741.01 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ 3,741.01 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               |        |              |   |              | ·               |                               |  |
| 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  21. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Subtract your monthly expenses from line 22c above. 23b. Copy your monthly expenses from your monthly income. The result is your monthly net income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |               |        |              |   |              | ·               |                               |  |
| 20e. Homeowner's association or condominium dues  20e. \$ 0.00  21. other: Specify:  21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               |        |              |   |              | •               |                               |  |
| 21. Other: Specify:  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect an increase or decrease in your expenses within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  |               |        |              |   |              |                 |                               |  |
| 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 3,741.01  23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses in your expenses within the year after you file this form? For example, do you expect an increase or decrease in your expenses within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               |        |              |   |              | · -             |                               |  |
| 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 3,741.01  23c. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  | 21.           | Othe   | er: Specify: |   | 21.          | +\$             | 0.00                          |  |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly net income.  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   | 22.           | Calc   | ulate your   | monthly expenses  |              |                 |                               |  |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Subtract your monthly expenses from line 22c above.  23b. Copy your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly net income. The result is your monthly net income.  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |               | 22a.   | Add lines 4  | 4 through 21.   |              | \$              | 3,741.01                      |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Copy your monthly expenses from line 22c above.  23b. Copy your monthly expenses from your monthly income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly net income.  23c. \$   |               | 22b.   | Copy line 2  | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |              | \$              | <u> </u>                      |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 3,720.23 23b. Copy your monthly expenses from line 22c above. 23b\$ 3,741.01  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |               | 22c.   | Add line 22  | 2a and 22b. The result is your monthly expenses.                      |              | \$              | 3.741.01                      |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$ 3,720.23  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               |        |              |   |              |                 | 3,11101                       |  |
| 23b. Copy your monthly expenses from line 22c above.  23b\$ 3,741.01  23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  | 23.           |        | •            | •   | 00 -         | Φ.              |                               |  |
| 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |               |        |              |   |              |                 |                               |  |
| The result is your monthly net income.  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               | 230.   | Сору уог     | ur montnly expenses from line 22c above.                              | 230.         | -\$             | 3,741.01                      |  |
| The result is your monthly net income.  23c. \$ -20.78  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               | 23c    | Subtract     | your monthly expenses from your monthly income                        |              |                 |                               |  |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |               | 200.   |              |   | 23c.         | \$              | -20.78                        |  |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   | 24            | Do :-  |              |   | ou filo this | s form?         |                               |  |
| modification to the terms of your mortgage?  No.   | <b>∠4</b> .   |        |              |   |              |                 | ease or decrease because of a |  |
|  |               |        |              |   | 3-3-         | . ,             |                               |  |
| ☐ Yes. Explain here:   |               | ■ N    | 0.           |   |              |                 |                               |  |
|  |               | □ Ye   | es.          | Explain here:   |              |                 |                               |  |

| Fill in this                                 | s information  | n to identify your  | case:   |                  |         |                             |   |
|--|--|---|---|------------------|---------|-----------------------------|---|
| Debtor 1                                     | To   | odd K Whitaker  |   |                  |         |                             |   |
|  |  | st Name   | Middle Name   | Las              | t Name  |                             |   |
| Debtor 2                                     | Pa   | amela Dee Whita   | aker  |                  |         |                             |   |
| (Spouse if, fi                               | iling) Firs  | st Name   | Middle Name   | Las              | t Name  |                             |   |
| United St                                    | ates Bankrup   | tcy Court for the:  | MIDDLE DISTRICT   | OF FLORIDA       |         |                             |   |
| Case nun                                     | mber   |   |   |                  |         |                             |   |
| (if known)                                   |  |   |   |                  |         |                             | ☐ Check if this is an amended filing  |
| Decla<br>If two man<br>You must<br>obtaining | rried people :<br>file this form<br>money or pr  | are filing together n whenever you fi operty by fraud ir C. §§ 152, 1341, 1 | , both are equally re<br>le bankruptcy sched<br>a connection with a l | esponsible for s | upplyir |                             | tement, concealing property, or 000, or imprisonment for up to 20             |
| Did  | , and the second |   | one who is NOT an a   | attorney to help | you fil | I out bankruptcy forms?     |   |
| •  | No   |   |   |                  |         |                             |   |
|  | Yes. Name  | of person   |   |                  |         |                             | nkruptcy Petition Preparer's Notice,<br>on, and Signature (Official Form 119) |
|  | er penalty of<br>they are true   |   | that I have read the  | summary and s    | chedul  | es filed with this declarat | ion and   |
| X /  | /s/ Todd K V   | Vhitaker  |   | x                | /s/ Pa  | amela Dee Whitaker          |   |
|  | Todd K Whi   |   |   |                  |         | ela Dee Whitaker            |   |
|  | Signature of D   |   |   |                  |         | ture of Debtor 2            |   |
| [  | Date <b>Septe</b>  | mber 24, 2018   |   |                  | Date    | September 24, 2018          |   |

| Fill ir          | this inform           | ation to identify your                 | case:  |  |  |   |
|------------------|-----------------------|--|--|--|--|---|
| Debto            | or 1                  | Todd K Whitakei                        |  |  |  |   |
|                  |                       | First Name                             | Middle Name                                      | Last Name  |  |   |
| Debto            | or 2<br>e if, filing) | Pamela Dee Whi                         | Middle Name                                      | Last Name  |  |   |
| (Spous           | e II, IIIIng)         | First Name                             | Middle Name                                      | Last Name  |  |   |
| Unite            | d States Bar          | kruptcy Court for the:                 | MIDDLE DISTRICT OF F                             | FLORIDA  |  |   |
| Case<br>(if know | number                |  |  |  | _  | Check if this is an amended filing                    |
| Sta              |                       | of Financial                           |  | duals Filing for E   |  | 4/16  |
| nforn            | nation. If m          |  | attach a separate sheet to                       |  | e equally responsible for sup<br>ny additional pages, write yo   |   |
| Part             | Give D                | etails About Your Ma                   | rital Status and Where You                       | u Lived Before   |  |   |
| 1. V             | Vhat is your          | current marital statu                  | s?   |  |  |   |
|                  | Married Not mari      | ried                                   |  |  |  |   |
| 2. C             | Ouring the la         | st 3 years, have you                   | lived anywhere other than                        | where you live now?  |  |   |
| •                | ■ No<br>□ Yes. List   | all of the places you li               | ved in the last 3 years. Do n                    | not include where you live no  | N.   |   |
|                  | Debtor 1 Pri          | or Address:                            | Dates Debtor 1 lived there                       | Debtor 2 Prior A   | ddress:  | Dates Debtor 2<br>lived there                         |
|                  |                       |  |  |  | nity property state or territor<br>Rico, Texas, Washington and V |   |
|                  | ■ No<br>□ Yes Ma      | ke sure vou fill out <i>Sch</i>        | redule H: Your Codebtors (C                      | Official Form 106H)  |  |   |
|                  |                       |  |  |  |  |   |
| Part :           | 2 Explain             | n the Sources of You                   | r Income   |  |  |   |
| F                | ill in the tota       | l amount of income you                 | received from all jobs and                       | ng a business during this y<br>all businesses, including par<br>re together, list it only once u |  | ndar years?   |
|                  |                       |  |  |  |  |   |
| _                | □ No                  |  |  |  |  |   |
| _                |                       | in the details.                        |  |  |  |   |
| _                |                       | in the details.                        | Debtor 1   |  | Debtor 2   |   |
| _                |                       | in the details.                        | Debtor 1 Sources of income Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Debtor 2 Sources of income Check all that apply.                 | Gross income<br>(before deductions<br>and exclusions) |
| [<br>∎           | Yes. Fill             | in the details.  of current year until | Sources of income                                | (before deductions and   | Sources of income  | (before deductions                                    |

Official Form 107

|          |                               | odd K Whitaker<br>amela Dee Whitaker  | Case number (if known)   |  |   |   |   |  |  |  |
|----------|-------------------------------|---|--|--|---|---|---|--|--|--|
|          |                               |   | Debtor 1   |  | Debtor 2  |   |   |  |  |  |
|          |                               |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inc  |   | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
|          |                               |   | ■ Wages, commissions, bonuses, tips  | \$46,594.00  | ☐ Wages, combonuses, tips   | ☐ Wages, commissions, bonuses, tips             |   |  |  |  |
|          |                               |   | ☐ Operating a business   |  | ☐ Operating a   | business  |   |  |  |  |
|          |                               | dar year before that:<br>December 31, 2016)   | ■ Wages, commissions, bonuses, tips  | \$44,773.00  | ☐ Wages, combonuses, tips   | ımissions,                                      | \$0.00  |  |  |  |
|          |                               |   | ☐ Operating a business   |  | ☐ Operating a   | business  |   |  |  |  |
|          | winnings.  List each  No      | If you are filing a joint ca  | ; pensions; rental income; interse and you have income that you have income that you make the source separa  | ou received together, list it  | only once under De  | ebtor 1.  | . gamoing and lottery                                 |  |  |  |
|          |                               |   | Debtor 1 Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)   | Debtor 2<br>Sources of inc<br>Describe below  |   | Gross income (before deductions and exclusions)       |  |  |  |
| Par      | t 3: Lis                      | t Certain Pavments You  | u Made Before You Filed for  | Bankruptcv   |   |   |   |  |  |  |
| <b>.</b> | □ No.                         | Neither Debtor 1 nor individual primarily for | each creditor to whom you pai<br>reditor. Do not include paymer<br>e payments to an attorney for the<br>nt on 4/01/19 and every 3 year<br>or both have primarily consu<br>ore you filed for bankruptcy, di | Imer debts. Consumer deal depurpose."  d you pay any creditor a total deal of \$6,425* or more ats for domestic support oblais bankruptcy case. Is after that for cases filed of timer debts.  d you pay any creditor a total deal of \$600 or more at | al of \$6,425* or mo<br>in one or more pay<br>igations, such as ch<br>n or after the date of<br>tal of \$600 or more? | yments and the nild support are of adjustment.  | ne total amount you and alimony. Also, do             |  |  |  |
|          | Creditor                      | 's Name and Address   | Dates of payme   | nt Total amount  | Amount you still owe  | Was this p                                      | ayment for  |  |  |  |
|          | Seterus<br>P.O. Bo<br>Hartfor |   | 7/1/2018, 8/1/2<br>9/1/2017  |  | \$167,175.00  | ■ Mortgag □ Car □ Credit C □ Loan Re □ Supplier | ard   |  |  |  |

| Debt | or 2 Pamela Dee Whitaker  |   | Case   | e number (if known)                     |   |
|------|---|---|--|---|---|
|      | Creditor's Name and Address   | Dates of payment  | Total amount paid                                  | Amount you still owe                    | Was this payment for  |
|      | Wells Fargo Home Mortgage<br>PO Box 105632<br>Atlanta, GA 30348   | 6/19/2018,<br>7/19/2018,<br>8/19/2018                           | \$327.78   | \$27,122.13                             | ■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other  |
|      | MidFlorida Credit Union<br>P.O. Box 8008<br>Lakeland, FL 33802  | 7/15/2018,<br>8/15/2018,<br>9/15/2018                           | \$1,342.47   | \$12,194.00                             | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |
| ;    | Within 1 year before you filed for bankruptout Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.  ■ No □ Yes. List all payments to an insider. | rtners; relatives of any generation control, or owner of 20% of | neral partners; partner<br>or more of their voting | ships of which yo<br>securities; and ar | ou are a general partner; corporation<br>ny managing agent, including one fo  |
|      | Insider's Name and Address  | Dates of payment  | Total amount paid                                  | Amount you still owe                    | Reason for this payment   |
|      | insider? Include payments on debts guaranteed or cos  ■ No □ Yes. List all payments to an insider   |   |  |   |   |
|      | Insider's Name and Address  | Dates of payment  | Total amount paid                                  | Amount you<br>still owe                 | Reason for this payment Include creditor's name   |
| Part | 4: Identify Legal Actions, Repossession   | s, and Foreclosures   |  |   |   |
| 1    | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |   |  |   |   |
|      | Case title Case number  | Nature of the case  | Court or agency                                    |   | Status of the case  |
|      | Suncoast Cu vs TODD WHITAKER,<br>PAMELA WHITAKER<br>16CA7810  | CIVIL JUDGMENT  | HILLSBOROUGH COUNTY<br>CIRCUIT COURT               |   | ☐ Pending ☐ On appeal ☐ Concluded - 31,276.00   |
| -    | Unknown Plaintiff vs PAMELA<br>WHITAKER, TODD WHITAKER<br>16CA7810  | CIVIL JUDGMENT  | HILLSBOROUG<br>CIRCUIT COUR                        |   | ☐ Pending ☐ On appeal ☐ Concluded   |
|      |   |   |  |   |   |
|      |   |   |  |   | - 31,276.00   |

Debtor 1 Todd K Whitaker

|     | otor 1 Todd K Whitaker otor 2 Pamela Dee Whitaker   |   | Case number (if   | known)                        |                       |  |
|-----|---|---|---|-------------------------------|-----------------------|--|
|     | Case title Case number  | Nature of the case  | Court or agency   | Status of th                  | ne case               |  |
|     | Portfolio Recovery Assoc. LLC vs.<br>Whitaker, Pamela<br>18-CC-029405   | Hillsborough Clerk of Courts 800 Twiggs Street Rm 101 Tampa, FL 33602 |   | Pending  On appe              | eal                   |  |
|     | West Coast Fund, LLC vs.<br>Whitaker, Todd K<br>14-CA-010999  | Civil   | Hillsborough Clerk of<br>Courts<br>800 Twiggs Street Rm 10<br>Tampa, FL 33602 | ☐ Pending ☐ On appe ☐ Conclud | eal                   |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.   |   | erty repossessed, foreclosed,   | garnished, attached           | d, seized, or levied? |  |
|     | Creditor Name and Address   | Describe the Property  Explain what happene                           |   | Date                          | Value of the property |  |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed  No Yes. Fill in the details.  | ptcy, did any creditor, inc   |   | itution, set off any a        | amounts from your     |  |
|     | Creditor Name and Address   | Describe the action the creditor took Datatak                         |   |                               | Amount                |  |
| 12. | <ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul> |   |   |                               |                       |  |
| Par | t 5: List Certain Gifts and Contributions   |   |   |                               |                       |  |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | otcy, did you give any gif  | ts with a total value of more tha   | an \$600 per person           | ?                     |  |
|     | Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:   | Describe the gifts  |   | Dates you gave the gifts      | Value                 |  |
| 14. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or cor  |   | ts or contributions with a total  | value of more than            | \$600 to any charity? |  |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  |   | Dates you contributed   | Value                         |                       |  |

| Debt<br>Debt |   |   | Case number (# | known)                                      |                          |
|--------------|---|---|----------------|---|--------------------------|
| Part         | 6: List Certain Losses  |   |                |   |                          |
| 15. \        | Within 1 year before you filed for bankruptcy<br>or gambling?   | or since you filed for bankruptcy, did  | you lose anyth | ing because of thef                         | t, fire, other disaster, |
|              | ■ No □ Yes. Fill in the details.  |   |                |   |                          |
|              | how the loss occurred Incl  | scribe any insurance coverage for the lude the amount that insurance has paid.  urance claims on line 33 of Schedule A/B. | List pending   | Date of your loss                           | Value of property lost   |
| Part         | 7: List Certain Payments or Transfers   |   |                |   |                          |
| (            | Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepared any attorneys, bankruptcy petition prepared  | aring a bankruptcy petition?  |                |   | rty to anyone you        |
| - 1          | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>  |   |                |   |                          |
|              | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  | Description and value of any prop<br>transferred  | perty          | Date payment or transfer was made           | Amount of payment        |
|              | Debt Relief Legal Group, LLC<br>901 W. Hillsborough Ave.<br>Tampa, FL 33603<br>data@1800debtrelief.com  | Filing Fee  |                | September<br>2018                           | \$335.00                 |
| -            | Debt Relief Legal Group, LLC<br>901 W. Hillsborough Ave.<br>Tampa, FL 33603<br>data@1800debtrelief.com  | Credit Report   |                | September<br>2018                           | \$80.00                  |
| -            | Allen Credit Counseling<br>20003 387th Avenue<br>Wolsey, SD 57384   | Credit Counseling   |                | August 2018                                 | \$20.00                  |
|              | Within 1 year before you filed for bankruptcy<br>promised to help you deal with your creditor<br>Do not include any payment or transfer that you  | s or to make payments to your credito   |                | transfer any prope                          | rty to anyone who        |
|              | ■ No □ Yes. Fill in the details.  |   |                |   |                          |
|              | Person Who Was Paid<br>Address  | Description and value of any prop transferred   | perty          | Date payment or transfer was made           | Amount of payment        |
| 1<br> <br>   | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have already No | siness or financial affairs?<br>de as security (such as the granting of a s   |                |   |                          |
|              | Yes. Fill in the details.  Person Who Received Transfer Address  Person's relationship to you   | Description and value of property transferred   |                | ny property or<br>eceived or debts<br>hange | Date transfer was made   |

**Todd K Whitaker** Debtor 2 Pamela Dee Whitaker

Case number (if known)

|     | Person Who Received Transfer<br>Address  | Description and vo  |                                | paymer            | ne any property or<br>nts received or debts<br>exchange                   | Date transfer was made                        |  |
|-----|--|---|--------------------------------|-------------------|---|---|--|
|     | Person's relationship to you   |   |                                |                   |   |   |  |
|     | Stephen Cesario None   | 1980 Chevy Cor<br>\$3,000.00 Value                                  |                                | Debtor<br>their a | d. \$3,000.00 that<br>is used towards<br>ttorney fees and<br>age payment. | 09/11/2018                                    |  |
| 19. | Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protein No Yes. Fill in the details.   |   | y property to a s              | self-settled      | trust or similar device of  | of which you are a                            |  |
|     | Name of trust  | Description and v   | alue of the prop               | erty transf       | erred   | Date Transfer was made                        |  |
| Par | t 8: List of Certain Financial Accounts, Inst  | ruments, Safe Deposit   | Boxes, and Sto                 | rage Units        |   |   |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?  | •   |                                |                   | , ,   | , ,   |  |
|     | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details. |   |                                |                   |   |   |  |
|     |  | Last 4 digits of account number                                     | Type of account or instrument  |                   | Date account was<br>closed, sold,<br>moved, or<br>transferred             | Last balance<br>before closing or<br>transfer |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ear before you filed for  | bankruptcy, any                | y safe depo       | osit box or other deposi  | tory for securities,                          |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                |                   |   |   |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  |   | Address (Number, Street, City, |                   | ne contents   | Do you still have it?                         |  |
| 22. | Have you stored property in a storage unit or  | place other than your   | home within 1 y                | ear before        | you filed for bankrupto   | y?  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                |                   |   |   |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                                | Describe th       | ne contents   | Do you still have it?                         |  |
| Par | t 9: Identify Property You Hold or Control for   | or Someone Else   |                                |                   |   |   |  |
| 23. | Do you hold or control any property that som for someone.  | eone else owns? Inclu   | ıde any property               | you borro         | wed from, are storing f   | or, or hold in trust                          |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                |                   |   |   |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)              |                                | Describe th       | ne property   | Value   |  |
| Par | t 10: Give Details About Environmental Infor   | mation  |                                |                   |   |   |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Todd K Whitaker
Debtor 2 Pamela Dee Whitaker

Case number (if known)

|     | reg  | ulations controlling the cleanup of these  | substances, wastes, or material.   |                |                                    |                   |  |  |  |  |  |
|-----|--|--|--|----------------|------------------------------------|-------------------|--|--|--|--|--|
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |  |  |                |                                    |                   |  |  |  |  |  |
|     |  | ardous material means anything an envi<br>ardous material, pollutant, contaminant,     |  | waste          | e, hazardous substance, toxic      | substance,        |  |  |  |  |  |
| Rep | ort a  | II notices, releases, and proceedings that   | at you know about, regardless of when                                      | they           | occurred.                          |                   |  |  |  |  |  |
| 24. | Has  | any governmental unit notified you that  | you may be liable or potentially liable                                    | under          | or in violation of an environm     | ental law?        |  |  |  |  |  |
|     |  | No<br>Yes. Fill in the details.  | I in the details.  |                |                                    |                   |  |  |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |                | nvironmental law, if you<br>now it | Date of notice    |  |  |  |  |  |
| 25. | Hav  | e you notified any governmental unit of  | any release of hazardous material?   |                |                                    |                   |  |  |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |                |                                    |                   |  |  |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit Address (Number, Street, City, State and ZIP Code)       |                | nvironmental law, if you<br>now it | Date of notice    |  |  |  |  |  |
| 26. | Hav  | e you been a party in any judicial or adm  | ninistrative proceeding under any envir                                    | onme           | ntal law? Include settlements      | and orders.       |  |  |  |  |  |
|     |  | No   |  |                |                                    |                   |  |  |  |  |  |
|     | Yes. Fill in the details.  |  |  |                |                                    |                   |  |  |  |  |  |
|     | Case Title Court or agency Name Address (Number, Street, City, State and ZIP Code)   |  | Natur  | re of the case | Status of the case                 |                   |  |  |  |  |  |
| Par | t 11:  | Give Details About Your Business or 0  | Connections to Any Business  |                |                                    |                   |  |  |  |  |  |
| 27. | Wit  | nin 4 years before you filed for bankrupt  | cv. did vou own a business or have any                                     | v of th        | e following connections to an      | v business?       |  |  |  |  |  |
|     |  | ☐ A sole proprietor or self-employed in  |  |                |                                    | ,                 |  |  |  |  |  |
|     |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |                |                                    |                   |  |  |  |  |  |
|     |  | ☐ A partner in a partnership   |  |                |                                    |                   |  |  |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |  |                |                                    |                   |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |  |                |                                    |                   |  |  |  |  |  |
|     |  | No. None of the above applies. Go to P   |  |                |                                    |                   |  |  |  |  |  |
|     | _  | Yes. Check all that apply above and fill   |  |                |                                    |                   |  |  |  |  |  |
|     |  | siness Name  | Describe the nature of the business  |                | Employer Identification numbe      | r                 |  |  |  |  |  |
|     |  | dress<br>mber, Street, City, State and ZIP Code)                                       | Name of accountant or bookkeeper   | 1              | Do not include Social Security     | number or ITIN.   |  |  |  |  |  |
|     | ,  |  | Name of abbounding of bookingsper  | ı              | Dates business existed             |                   |  |  |  |  |  |
| 28. |  | nin 2 years before you filed for bankruptoitutions, creditors, or other parties.       | cy, did you give a financial statement to                                  | o anyo         | one about your business? Incl      | ude all financial |  |  |  |  |  |
|     |  | No   |  |                |                                    |                   |  |  |  |  |  |
|     |  | Yes. Fill in the details below.  |  |                |                                    |                   |  |  |  |  |  |
|     |  | me<br>dress<br>mber: Street, City, State and ZIP Code)                                 | Date Issued  |                |                                    |                   |  |  |  |  |  |

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| Debtor<br>Debtor | Todd K Whitaker Pamela Dee Whitaker              |             | Case number (if known)   |
|------------------|--|-------------|--|
|                  |  |             |  |
| Part 1           | 2: Sign Below                                    |             |  |
| are true         |  | statement   | nd any attachments, and I declare under penalty of perjury that the answers , concealing property, or obtaining money or property by fraud in connection prisonment for up to 20 years, or both. |
| /s/ To           | dd K Whitaker                                    | /s/ Pa      | mela Dee Whitaker  |
| Todd             | K Whitaker                                       | Pame        | la Dee Whitaker  |
| Signat           | ture of Debtor 1                                 | Signat      | ture of Debtor 2   |
| Date             | September 24, 2018                               | Date        | September 24, 2018   |
| Did you          | u attach additional pages to Your Statement of I | Financial A | Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| ■ No             |  |             |  |
| ☐ Yes            |  |             |  |
| Did you ■ No     | u pay or agree to pay someone who is not an att  | torney to I | help you fill out bankruptcy forms?  |
| ☐ Yes.           | Name of Person . Attach the Bankruptcy Pe        | etition Pre | parer's Notice, Declaration, and Signature (Official Form 119).  |

| Fill in this infor                   | mation to identify your case:                        |  |   |
|--------------------------------------|--|--|---|
| Debtor 1                             | Todd K Whitaker                                      |  |   |
|                                      | First Name Middle Name                               | Last Name  |   |
| Debtor 2                             | Pamela Dee Whitaker                                  |  |   |
| (Spouse if, filing)                  | First Name Middle Name                               | Last Name  |   |
| United States Ba                     | ankruptcy Court for the: MIDDLE DISTRIC              | CT OF FLORIDA  |   |
| Case number                          |  |  |   |
| (if known)                           |  |  | ☐ Check if this is an                               |
|                                      |  |  | amended filing                                      |
|                                      | lividual filing under chapter 7, you must fi         | viduals Filing Under Chapte  | f <b>/</b> 12/15                                    |
|                                      | e claims secured by your property, or                |  |   |
| You must file thi                    | ever is earlier, unless the court extends th         | not expired.  You file your bankruptcy petition or by the date set ne time for cause. You must also send copies to the |   |
| sign ai<br>Be as complete<br>write y | nd date the form.                                    | oth are equally responsible for supplying correct info   |   |
| 1. For any credit                    | tors that you listed in Part 1 of Schedule [         | D: Creditors Who Have Claims Secured by Property (   | Official Form 106D), fill in the                    |
| information be<br>Identify the cr    | elow.<br>reditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
| Creditor's <b>N</b>                  | MidFlorida Credit Union                              | ☐ Surrender the property.  | □ No  |
| name:                                |  | Retain the property and redeem it.   | <b>-</b>  |
| Description of                       | 2014 Ford Escape 36000 miles                         | Retain the property and enter into a<br>Reaffirmation Agreement.   | Yes   |
| property<br>securing debt            | Value based on KBB fair Private Party sale value     | ☐ Retain the property and [explain]:   |   |
|                                      | Seterus, Inc.  | ☐ Surrender the property.  | □ No  |
| name:                                |  | Retain the property and redeem it.   | <b>=</b>  |
| December                             |  | Retain the property and enter into a   | Yes   |

Creditor's **Wells Fargo Home Mor** name:

Description of property

Official Form 108

Description of

securing debt:

property

9308 Hidden Water Circle Riverview, FL 33578 Hillsborough County

9308 Hidden Water Circle

Riverview, FL 33578

**Hillsborough County** 

☐ Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a Reaffirmation Agreement.

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Retain the property and [explain]:

Statement of Intention for Individuals Filing Under Chapter 7

page 1

☐ No

Yes

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| Debtor 1 Todd K Whitaker Debtor 2 Pamela Dee Whitaker   | Case number (if known)   |
|---|--|
| securing debt:  |  |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedin the information below. Do not list real estate leases. Unexpired I You may assume an unexpired personal property lease if the trusted | lule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill eases are leases that are still in effect; the lease period has not yet ended. ee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases  | Will the lease be assumed?   |
| Lessor's name:<br>Description of leased<br>Property:  | □ No □ Yes   |
| Lessor's name:<br>Description of leased<br>Property:  | □ No   |
| Lessor's name:<br>Description of leased<br>Property:  | □ No   |
| Lessor's name:<br>Description of leased<br>Property:  | □ No   |
| Lessor's name:<br>Description of leased<br>Property:  | □ No   |
| Lessor's name:<br>Description of leased<br>Property:  | □ No   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |

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| Debtor 2 |   | odd K Whitaker<br>amela Dee Whitaker   |                      |       | Case number (if known)                                       |  |
|----------|---|--|----------------------|-------|--|--|
|          |   |  |                      |       |  |  |
|          |   |  |                      |       |  |  |
|          |   |  |                      |       |  |  |
| Part 3:  | Sig   | ın Below   |                      |       |  |  |
|          |   | y of perjury, I declare that I have indicat<br>is subject to an unexpired lease. | ed my intention abou | ıt an | y property of my estate that secures a debt and any personal |  |
| χ /s/    | / Tod   | d K Whitaker   | х                    | /s/   | Pamela Dee Whitaker  |  |
| То       | <b>Todd K Whitaker</b><br>Signature of Debtor 1 |  |                      | Pa    | mela Dee Whitaker  |  |
| Sig      |   |  |                      | Sig   | nature of Debtor 2   |  |
| Da       | ate   | September 24, 2018   | Da                   | ite   | September 24, 2018   |  |

| Fill in this info                  | ormation to identify your case:   |                        |                              |                                       |                 |                           | irected               | in this form and in                           | n Form                     |
|------------------------------------|---|------------------------|------------------------------|---------------------------------------|-----------------|---------------------------|-----------------------|---|----------------------------|
| Debtor 1                           | Todd K Whitaker   |                        |                              |                                       | 2A-1            | Supp:                     |                       |   |                            |
| Debtor 2<br>(Spouse, if filing)    | Pamela Dee Whitaker   |                        |                              |                                       |                 | There is no pres          | •                     |   |                            |
| United States                      | Bankruptcy Court for the: Middle District of  | Florida                | <u> </u>                     |                                       | 2.              |                           | nade ui               | mine if a presump<br>nder <i>Chapter 7 Me</i> |                            |
| Case numbe<br>(if known)           | r   |                        |                              |                                       | □ 3.            | The Means Test            | does r                | not apply now becase but it could apple       |                            |
|                                    |   |                        |                              |                                       | ПС              | heck if this is a         |                       | •   | y lator.                   |
| Official                           | Form 122A - 1   |                        |                              |                                       |                 | TICCK II TIIIS IS A       | ii aiiic              | maca ming                                     |                            |
|                                    | r 7 Statement of Your Cu  | rron                   | t Mai                        | nthly Inc                             | ·on             | 10                        |                       |   | 12/1                       |
| Chapte                             | 1 7 Statement of Tour Cu  | HEI                    | it ivioi                     | itiliy ilic                           | ,011            | 16                        |                       |   | 12/1                       |
| case number (i<br>qualifying milit | ate sheet to this form. Include the line number to<br>if known). If you believe that you are exempted fro<br>ary service, complete and file Statement of Exem<br>Calculate Your Current Monthly Income                      | om a pre               | esumption                    | of abuse becau                        | ise yo          | u do not have pri         | narily c              | onsumer debts or l                            | because of                 |
| 1. What is                         | your marital and filing status? Check one of  | only.                  |                              |                                       |                 |                           |                       |   |                            |
| □ Not                              | married. Fill out Column A, lines 2-11.   |                        |                              |                                       |                 |                           |                       |   |                            |
| ■ Marr                             | ied and your spouse is filing with you. Fill o  | out both               | Columns                      | A and B, lines                        | 2-11            |                           |                       |   |                            |
| ☐ Marr                             | ied and your spouse is NOT filing with you  | . You a                | nd your s                    | spouse are:                           |                 |                           |                       |   |                            |
| □Li                                | ving in the same household and are not leg  | ally se                | parated.                     | Fill out both Co                      | lumn            | s A and B, lines 2        | 2-11.                 |   |                            |
| p.                                 | ving separately or are legally separated. Fill enalty of perjury that you and your spouse are ving apart for reasons that do not include evad   | legally                | separated                    | d under nonbar                        | nkrup           | tcy law that appli        | es or th              |   |                            |
| 101(10A). F<br>the 6 month         | verage monthly income that you received from all<br>or example, if you are filing on September 15, the 6-<br>s, add the income for all 6 months and divide the tota<br>n the same rental property, put the income from that | month pe<br>al by 6. F | eriod would<br>ill in the re | be March 1 thro<br>sult. Do not inclu | ugh A<br>de any | ugust 31. If the amount m | ount of y<br>ore thar | our monthly income nonce. For example,        | varied during<br>, if both |
|                                    |   |                        |                              |                                       |                 | umn A<br>otor 1           | Debt                  | mn B<br>tor 2 or<br>filing spouse             |                            |
|                                    | oss wages, salary, tips, bonuses, overtime deductions).   | , and c                | ommissio                     | ons (before all                       | \$_             | 2,761.80                  | \$                    | 2,240.00                                      |                            |
| Column                             | y and maintenance payments. Do not includ<br>B is filled in.  | . ,                    |                              | ·                                     | \$_             | 0.00                      | \$                    | 0.00  |                            |
| of you of<br>from an<br>and roo    | ounts from any source which are regularly por your dependents, including child suppor<br>unmarried partner, members of your househo<br>mmates. Include regular contributions from a s                                       | <b>t.</b> Includ       | de regulai<br>depende        | r contributions<br>nts, parents,      | Φ.              | 0.00                      | •                     | 0.00  |                            |
|                                    | Do not include payments you listed on line 3.   |                        |                              |                                       | \$_             | 0.00                      | \$                    | 0.00  |                            |
| 5. Net inc                         | ome from operating a business, profession   | , or tar               |                              | otor 1                                |                 |                           |                       |   |                            |
| Gross r                            | eceipts (before all deductions)   | \$                     | 0.00                         |                                       |                 |                           |                       |   |                            |
|                                    | y and necessary operating expenses  | -\$                    | 0.00                         |                                       |                 |                           |                       |   |                            |
|                                    | nthly income from a business, profession, or fa   | ırm \$                 | 0.00                         | Copy here ->                          | \$              | 0.00                      | \$                    | 0.00  |                            |
|                                    | ome from rental and other real property   | • -                    |                              |                                       | _               |                           |                       |   |                            |
|                                    | ,   |                        | Deb                          | otor 1                                |                 |                           |                       |   |                            |

Official Form 122A-1

0.00

0.00

0.00 Copy here -> \$

\$

0.00

0.00

\$

\$

0.00

0.00

\$ **-**\$

\$

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Pamela Dee Whitaker Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,761.80 2,240.00 5,001.80 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 5,001.80 Multiply by 12 (the number of months in a year) **x** 12 60,021.60 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 57,968.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Todd K Whitaker X /s/ Pamela Dee Whitaker **Todd K Whitaker** Pamela Dee Whitaker Signature of Debtor 1 Signature of Debtor 2 Date September 24, 2018 Date September 24, 2018 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

**Todd K Whitaker** 

Debtor 1

| Fill in this in                  | formation to identify your case:                            | Check the appropria            |
|----------------------------------|---|--------------------------------|
| Debtor 1                         | Todd K Whitaker   | lines 40 or 42:                |
| Debtor 2                         | Pamela Dee Whitaker   | According to the ca Statement: |
| (Spouse, if fil<br>United States | ing) s Bankruptcy Court for the: Middle District of Florida | ■ 1. There is no pr            |
| Case number                      | r   | ☐ 2. There is a pre            |
| ,                                | Form 122A - 2   | ☐ Check if this is an          |

### ate box as directed in

alculations required by this

- resumption of abuse.
- esumption of abuse.
- amended filing

### **Chapter 7 Means Test Calculation**

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Par | t 1:           | Determine Your Adjusted Income  |  |
|-----|----------------|---|--|
| 1.  | Сору           | your total current monthly income. Copy line 1  | 1 from Official Form 122A-1 here=> \$ 5,001.80   |
| 2.  | □ No. ■ Yes    | bu fill out Column B in Part 1 of Form 122A-1?  Fill in \$0 for the total on line 3.  Is your spouse Filing with you?  No. Go to line 3.  Yes. Fill in \$0 for the total on line 3.   |  |
| 3.  | On line expens | t your current monthly income by subtracting any part of your chold expenses of you or your dependents. Follow these steps: e 11, Column B of Form 122A–1, was any amount of the income your ses of you or your dependents?  Fill in 0 for the total on line 3. s. Fill in the information below:  State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or the support other than you or your dependents. | ou reported for your spouse NOT regularly used for the household  Fill in the amount you |
|     |                | Total.  | \$\$\$\$\$\$\$ Copy total here=> \$0.00  |
| 4.  | Adjus          | t your current monthly income. Subtract line 3 from line 1.   | \$5,001.80   |

Official Form 122A-2

| otor 1<br>otor 2       | Pamela Dee Whitaker  |   | Case number   | (if known)   |                       |
|------------------------|--|---|---|--|-----------------------|
| t 2:                   | Calculate Your Deductions from Your Income   |   |   |  |                       |
| o aı                   | Internal Revenue Service (IRS) issues National and I<br>nswer the questions in lines 6-15. To find the IRS sta<br>ructions for this form. This information may also be a   | ındards, go online us   | ing the link speci  | fied in the separate   | ounts                 |
| our                    | uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. If me in line 3 and do not deduct any operating expenses the   | Do not deduct any amo   | unts that you subtr   | racted fro your spouse's   | 3                     |
| yo                     | ur expenses differ from month to month, enter the average  | ge expense.   |   |  |                       |
| 'he                    | enever this part of the from refers to you, it means both yo   | ou and your spouse if   | Column B of Form  | 122A-1 is filled in.   |                       |
|                        | The number of people used in determining your dec  | ductions from income  | )   |  |                       |
|                        | Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.  |   |   |  |                       |
|                        |  |   |   | noc 6 7  |                       |
|                        | onal Standards You must use the IRS National   |   | ·   |  |                       |
| i.                     | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care. | f people you entered in<br>d other items.<br>her of people you ente<br>mber of people is split<br>a higher IRS allowan                            | red in line 5 and the IRS   | S National \$<br>ne IRS National Standars<br>people who are under  | 65 and                |
|                        | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care.  | f people you entered in<br>d other items.<br>her of people you ente<br>mber of people is split<br>a higher IRS allowan                            | red in line 5 and the IRS   | S National \$<br>ne IRS National Standars<br>people who are under  | ds, fill in<br>65 and |
| ?eo                    | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance: Using the number of the dollar amount for food, clothing, and the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance is the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance is the dollar amount for out-of-pocket health care.                                    | f people you entered in<br>d other items.<br>her of people you ente<br>mber of people is split<br>a higher IRS allowan                            | red in line 5 and the IRS   | S National \$<br>ne IRS National Standars<br>people who are under  | ds, fill in<br>65 and |
| ?eo                    | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age   | f people you entered in<br>d other items.<br>Der of people you ente<br>mber of people is split<br>a higher IRS allowand<br>onal amount on line 22 | red in line 5 and the IRS   | S National \$<br>ne IRS National Standars<br>people who are under  | ds, fill in<br>65 and |
| ).<br>,                | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and  Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age  7a. Out-of-pocket health care allowance per person  | f people you entered in d other items.  Der of people you entember of people is split a higher IRS allowant on line 22                            | red in line 5 and the IRS   | S National \$ ne IRS National Standardpeople who are under costs. If your actual expe  | ds, fill in<br>65 and |
| ?eop                   | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and  Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age  7a. Out-of-pocket health care allowance per person  7b. Number of people who are under 65   | f people you entered in d other items.  Der of people you entember of people is split a higher IRS allowant on line 22  \$                        | red in line 5 and the IRS red in line 5 and the into two categories ce for health care of | S National \$ ne IRS National Standardpeople who are under costs. If your actual expe  | ds, fill in<br>65 and |
| ?eop                   | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.  | f people you entered in d other items.  Der of people you entember of people is split a higher IRS allowant on line 22  \$                        | red in line 5 and the IRS red in line 5 and the into two categories ce for health care of | S National \$ ne IRS National Standardpeople who are under costs. If your actual expe  | ds, fill in<br>65 and |
| eop                    | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.  | f people you entered in d other items.  Der of people you entember of people is split a higher IRS allowanional amount on line 22  \$             | red in line 5 and the IRS red in line 5 and the into two categories ce for health care of | S National \$ ne IRS National Standardpeople who are under costs. If your actual expe  | ds, fill in<br>65 and |
| 7.<br><sup>2</sup> eo∣ | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.  ple who are 65 years of age or older  7d. Out-of-pocket health care allowance per person  | f people you entered in d other items.  Der of people you entember of people is split a higher IRS allowanional amount on line 22  \$             | red in line 5 and the IRS red in line 5 and the into two categories ce for health care of | S National  se IRS National Standard St | ds, fill in<br>65 and |

**Todd K Whitaker** 

| Debtor 1 | Todd K Whitaker     |
|----------|---------------------|
|          | Pamela Dee Whitaker |

Case number (if known)

| Loc | al St  | andards You must use the IRS Local Sta   | andards to ans  | wer the   | questions in lir | nes 8-15.      |           |          |                |                                 |        |
|-----|--|--|-----------------|-----------|------------------|----------------|-----------|----------|----------------|---------------------------------|--------|
|     |  | n information from the IRS, the U.S. Tru<br>tcy purposes into two parts:   | stee Program    | has div   | ided the IRS L   | ocal Stand     | ard for I | nousing  | for            |                                 |        |
|     | Hous   | ing and utilities - Insurance and operation  | ng expenses     |           |                  |                |           |          |                |                                 |        |
|     | Hous   | ing and utilities - Mortgage or rent expe  | nses            |           |                  |                |           |          |                |                                 |        |
| То  | answ   | er the questions in lines 8-9, use the U.S   | S. Trustee Pro  | gram cl   | nart.            |                |           |          |                |                                 |        |
|     |  | ne chart, go online using the link specified in the may also be available at the bankruptcy of                               |                 | instructi | ons for this for | m.             |           |          |                |                                 |        |
| 8.  |  | using and utilities - Insurance and opera<br>ne dollar amount listed for your county for in                                  | • .             |           |                  |                |           | ,        | fill \$        |                                 | 549.00 |
| 9.  | Ηοι  | using and utilities - Mortgage or rent exp   | enses:          |           |                  |                |           |          |                |                                 |        |
|     | 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses |  |                 |           |                  |                |           |          |                |                                 |        |
|     | 9b.  | Total average monthly payment for all mo   | ortgages and ot | ther debt | s secured by y   | our home.      |           |          |                |                                 |        |
|     |  | To calculate the total average monthly pa<br>contractually due to each secured credito<br>for bankruptcy. Then divide by 60. | •               |           |                  |                |           |          |                |                                 |        |
|     |  | Name of the creditor   |                 | Averag    | ge monthly<br>nt |                |           |          |                |                                 |        |
|     |  | Seterus, Inc.  |                 | \$        | 983.41           |                |           |          |                |                                 |        |
|     |  | Wells Fargo Home Mor   |                 | \$        | 109.36           |                |           |          |                |                                 |        |
|     |  | Total average monthl   | y payment       | \$        | 1,092.77         | Copy<br>here=> | -\$       | 1,0      | 92.77          | Repeat this amount on line 33a. |        |
|     | 9c.  | Net mortgage or rent expense.  |                 |           |                  |                |           |          |                |                                 |        |
|     |  | Subtract line 9b (total average monthly pa<br>or rent expense). If this amount is less that                                  |                 |           |                  | \$             | 9         | 8.23     | Copy<br>here=> | . \$                            | 98.23  |
| 10. |  | ou claim that the U.S. Trustee Program's ects the calculation of your monthly expe   |                 |           |                  |                | g is inco | orrect a | nd             | \$                              | 0.00   |
|     | Ex   | plain why:   |                 |           |                  |                |           |          |                |                                 |        |

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

504.00

□ 0. Go to line 14.□ 1. Go to line 12.

2 or more. Go to line 12.

| Debtor 1<br>Debtor 2 |           | K Whitaker<br>la Dee Whitaker                         |  |                       | Ca       | ase number               | (if known)        |  |        |
|----------------------|-----------|---|--|-----------------------|----------|--------------------------|-------------------|--|--------|
|                      | You may   |   | <b>pense:</b> Using the IRS Local sif you do not make any loan c                                 |                       |          |                          |                   |  |        |
| Veh                  | nicle 1   | Describe Vehicle 1:                                   | 2014 Ford Escape 3600<br>Private Party sale value  |                       | based o  | n KBB                    | fair              |  |        |
| 13a.                 | Ownersh   | ip or leasing costs using                             | g IRS Local Standard   |                       |          | \$                       | 497.00            |  |        |
|                      | -         | monthly payment for all clude costs for leased v      | I debts secured by Vehicle 1. vehicles.  |                       |          |                          |                   |  |        |
|                      | are contr |   | ly payment here and on line 1<br>cured creditor in the 60 montl                                  |                       |          |                          |                   |  |        |
|                      | Nan       | ne of each creditor for                               | r Vehicle 1  | Average month payment | nly      |                          |                   |  |        |
|                      | Mid       | Florida Credit Unio                                   | on   | \$ 203                | 3.23     |                          |                   |  |        |
|                      |           | Total A   | Average Monthly Payment  | \$ 203                |          | Copy<br>here =>          | -\$20             | Repeat this amount on line 33b.                |        |
|                      |           | cle 1 ownership or lease<br>line 13b from line 13a. i | e expense<br>if this amount is less than \$0,  | enter \$0.            |          | \$                       | 293.77            | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 293.77 |
| 13d.                 | Ownersh   | ip or leasing costs using                             | g IRS Local Standard   |                       |          | \$                       | 0.00              |  |        |
| 13e.                 |           | monthly payment for all                               | I debts secured by Vehicle 2.  |                       |          | ·                        |                   |  |        |
|                      | Nan       | ne of each creditor for                               | r Vehicle 2  | Average month payment | nly      |                          |                   |  |        |
|                      | -NC       | NE-   |  | \$                    |          |                          |                   |  |        |
|                      |           | Total A   | Average Monthly Payment  | \$                    | ) no   1 | Copy<br>here<br>=> -\$ _ | 0.0               | Repeat this amount on line 33c.                |        |
|                      |           | cle 2 ownership or lease<br>line 13e from line 13d. i | e expense<br>if this amount is less than \$0,  | enter \$0             |          | \$                       | 0.00              | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00   |
|                      |           |   | e: If you claimed 0 vehicles in ce regardless of whether you                                     |                       |          |                          | ards, fill in the | Public \$                                      | 0.00   |
|                      | also dedu | uct a public transportation                           | on expense: If you claimed 1 on expense, you may fill in wleal Standard for <i>Public Transp</i> | hat you believe is    |          |                          |                   |  | 0.00   |

**Todd K Whitaker** 

### Case 8:18-bk-08056-RCT Doc 1 Filed 09/24/18 Page 52 of 66

Debtor 1 Debtor 2 Pamela Dee Whitaker Case number (if known)

| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  a sa a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health care expenses, excluding insurance should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone servi |     |   |  |      |          |
|--|-----|---|--|------|----------|
| self-employment taxes, social security iaxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.  17. Involuntary deductions: The total monthly apryoll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  5. 0.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  \$ 0.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount hat | Oth |   |  | for  |          |
| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  0. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health care expenses, excluding insurance costs: The monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents  | 16. | self-employment taxes, soci<br>your pay for these taxes. Ho                             | al security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12   |      |          |
| contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  a sa a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production o |     | Do not include real estate, s   | ales, or use taxes.  | \$   | 602.85   |
| 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment e | 17. | -   |  |      |          |
| filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 3,499.3    |     | Do not include amounts that   | t are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$   | 0.00     |
| administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 3,499.3  | 18. | filing together, include paym<br>insurance on your depender                             | nents that you make for your spouse's term life insurance. Do not include premiums for life  | \$   | 145.52   |
| 20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 3,499.3  | 19. |   |  |      |          |
| as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 3,499.3   |     | Do not include payments on  | past due obligations for spousal or child support. You will list these obligations in line 35.   | \$   | 0.00     |
| for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  +\$  | 20. | _   |  |      |          |
| 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  \$ 0  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  \$ 0  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 3,499.3  |     | , ,   |  | \$   | 0.00     |
| Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  4\$  3,499.3   | 21. |   |  | _    |          |
| that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  \$ 0  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  +\$ 0  24. Add all of the expenses allowed under the IRS expense allowances.  \$ 3,499.3  |     |   |  | \$   | 0.00     |
| <ul> <li>Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  +\$ 0</li> <li>Add all of the expenses allowed under the IRS expense allowances.</li> </ul>   | 22. | that is required for the healt<br>by a health savings account                           | h and welfare of you or your dependents and that is not reimbursed by insurance or paid . Include only the amount that is more than the total entered in line 7.   | \$   | 0.00     |
| expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0  24. Add all of the expenses allowed under the IRS expense allowances. \$ 3,499.3   | 23. | Optional telephone and te<br>for you and your dependent<br>phone service, to the extent | lephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of | _    |          |
| 24. Aud all of the expenses allowed under the into expense allowances.   |     |   |  | +\$_ | 0.00     |
|  | 24. | •   | lowed under the IRS expense allowances.  | \$   | 3,499.37 |

Debtor 1 Debtor 2 Pamela Dee Whitaker Case number (if known)

| Add | itional            | Expense Deductions  | These are addition                   | nal deduction                 | s allowed by th                        | e Means Test.   |     |        |
|-----|--------------------|---|--------------------------------------|-------------------------------|--|---|-----|--------|
|     |                    |   | Note: Do not inclu                   | de any exper                  | nse allowances                         | listed in lines 6-24.   |     |        |
| 25. | insura             |   |                                      |                               |  | ses. The monthly expenses for health y necessary for yourself, your spouse, c   | r   |        |
|     | Health             | insurance   |                                      | \$                            | 334.30                                 |   |     |        |
|     | Disabi             | lity insurance  |                                      | \$                            | 0.00                                   |   |     |        |
|     | Health             | savings account   |                                      | + \$                          | 0.00                                   |   |     |        |
|     | Total              |   |                                      | \$                            | 334.30                                 | Copy total here=>   | \$  | 334.30 |
|     | Do you             | u actually spend this total a   | amount?                              |                               |  |   |     |        |
|     |                    | No. How much do you ad  | ctually spend?                       | ¢                             |  |   |     |        |
| 26. | Continuous hour he | ue to pay for the reasonab  | le and necessary our immediate famil | are and supp<br>y who is unal | oort of an elderl<br>ole to pay for su | actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b). | \$  | 0.00   |
| 27. |                    |   |                                      |                               |  | nses that you incur to maintain the es Act or other federal laws that apply.  |     |        |
|     | By law             | , the court must keep the   | nature of these exp                  | enses confid                  | lential.                               |   | \$  | 0.00   |
| 28. | line 8.            | believe that you have hom   | e energy costs tha                   | t are more th                 |  | insurance and operating expenses on<br>nergy costs included in expenses on line   |     |        |
|     | You m              | n fill in the excess amount<br>ust give your case trustee<br>nt claimed is reasonable a | documentation of                     |                               | xpenses, and y                         | ou must show that the additional  | \$  | 0.00   |
| 29. | \$160.4            |   | for your dependen                    |                               |  | e monthly expenses (not more than<br>han 18 years old to attend a private or  |     |        |
|     |                    | ust give your case trustee<br>d is reasonable and neces                                 |                                      |                               |  | ou must explain why the amount 23.  |     |        |
|     | * Subje            | ect to adjustment on 4/01/  | 19, and every 3 yea                  | ars after that                | for cases begu                         | n on or after the date of adjustment.   | \$  | 0.00   |
| 30. | higher             |   | nd clothing allowar                  | nces in the IR                | S National Sta                         | ctual food and clothing expenses are ndards. That amount cannot be more   |     |        |
|     |                    | d a chart showing the maxitions for this form. This ch                                  |                                      |                               |  | link specified in the separate rk's office.   |     |        |
|     | You m              | ust show that the addition  | al amount claimed                    | is reasonable                 | e and necessar                         | y.  | \$  | 0.00   |
| 31. |                    | nuing charitable contribunents to a religious or cha                                    |                                      |                               |  | ntribute in the form of cash or financial   | +\$ | 0.00   |
| 32. |                    | II of the additional expernes 25 through 31.  | se deductions.                       |                               |  |   | \$  | 334.30 |

Debtor 1 Debtor 2 Pamela Dee Whitaker Case number (if known)

| Dedu | ctions for Debt Payment   |   |          |                                       |                 |                       |
|------|---|---|----------|---------------------------------------|-----------------|-----------------------|
|      | or debts that are secured by an intere<br>cans, and other secured debt, fill in li  | est in property that you own, including hom<br>nes 33a through 33e.   | e mort   | gages, vehicle                        |                 |                       |
|      | o calculate the total average monthly pareditor in the 60 months after you file for | yment, add all amounts that are contractually obankruptcy. Then divide by 60.   | due to e | each secured                          |                 |                       |
|      | Mortgages on your home:   |   |          |                                       |                 | verage monthly ayment |
| 33a. | Copy line 9b here   |   |          |                                       | => \$           | 1,092.77              |
|      | Loans on your first two vehicles:   |   |          |                                       |                 |                       |
| 33b. | Copy line 13b here  |   |          |                                       | => \$           | 203.23                |
| 33c. |   |   |          |                                       | => \$           | 0.00                  |
| 33d. | List other secured debts:   |   |          |                                       |                 |                       |
| Name | of each creditor for other secured debt   | Identify property that secures the debt   |          | Does payment include taxes insurance? |                 |                       |
|      |   |   |          | □ No                                  |                 |                       |
| -    | -NONE-  |   |          | ☐ Yes                                 | \$              |                       |
|      |   |   |          | □ No                                  |                 |                       |
|      |   |   |          | ☐ Yes                                 | \$              |                       |
| -    |   |   |          | _                                     | •               |                       |
|      |   |   |          | □ No                                  |                 |                       |
|      |   |   |          | _                                     | +\$             |                       |
|      |   |   |          |                                       | ]_              |                       |
| 00   |   | 00 4 1 00 1   |          | 4 206 00                              | Copy<br>total   | 4 000 00              |
| 33e. | i otal average monthly payment. Add ii  | nes 33a through 33d   | \$       | 1,296.00                              | here=>          | , \$1,296.00          |
|      |   | secured by your primary residence, a vehic upport or the support of your dependents?  | ile,     |                                       | _               |                       |
|      | No. Go to line 35.  |   |          |                                       |                 |                       |
|      |   | at pay to a creditor, in addition to the payments asion of your property (called the <i>cure amount</i> ). Information below. |          |                                       |                 |                       |
| Name | e of the creditor   | Identify property that secures the debt   |          | Total cure amount                     |                 | Monthly cure amount   |
| -NO  | DNE-  |   | \$       | ;                                     | ÷ 60 = \$       |                       |
|      |   |   |          |                                       |                 |                       |
|      |   |   |          |                                       | Сору            |                       |
|      |   | Tota  | al \$    | 0.00                                  | total<br>here=> | . \$ 0.00             |
|      |   |   | Ľ        |                                       |                 | · <del></del>         |
|      | o you owe any priority claims such a<br>re past due as of the filing date of you    | s a priority tax, child support, or alimony - t<br>ur bankruptcy case? 11 U.S.C. § 507.                                       | hat      |                                       |                 |                       |
|      | No. Go to line 36.  |   |          |                                       |                 |                       |
|      |   | these priority claims. Do not include current or s those you listed in line 19.   |          |                                       |                 |                       |
|      | Total amount of all past-due p  |   | \$       | 0.00                                  | ÷ 60 =          | \$0.00                |

| Debtor 1<br>Debtor 2 |               | d K Whitaker<br>ela Dee Whitaker  |                                 |               | Cas              | se nu | ımber ( <i>if known</i> | )              |                   |              |
|----------------------|---------------|---|---------------------------------|---------------|------------------|-------|-------------------------|----------------|-------------------|--------------|
| Fo                   | r more        | eligible to file a case under<br>information, go online using<br>ns for this form. Bankruptcy I                             | the link for Bankruptcy Bas     | ics specific  |                  |       |                         |                |                   |              |
|                      | No.           | Go to line 37.  |                                 |               |                  |       |                         |                |                   |              |
|                      | Yes.          | Fill in the following informati   | on.                             |               |                  |       |                         |                |                   |              |
|                      |               | Projected monthly plan pays   | ment if you were filing unde    | r Chapter     | 13               | \$    |                         |                |                   |              |
|                      |               | Current multiplier for your d<br>Administrative Office of the<br>and North Carolina) or by th<br>(for all other districts). | United States Courts (for di    | stricts in A  | labama           | X     |                         |                |                   |              |
|                      |               | To find a list of district multiputhe link specified in the separate be available at the bankrupt                           | arate instructions for this for |               |                  |       |                         | Cor            | oy total          |              |
|                      |               | Average monthly administra  | tive expense if you were fili   | ing under     | Chapter 13       |       | \$                      |                | e=> \$            |              |
|                      |               | of the deductions for debtes 33e through 36.  | payment.                        |               |                  |       |                         |                | \$                | 1,296.00     |
| Total [              | Deduc         | tions from Income   |                                 |               |                  |       |                         |                |                   |              |
| 38. <b>Ad</b>        | ld all c      | of the allowed deductions.  |                                 |               |                  |       |                         |                |                   |              |
|                      |               | ne 24, All of the expenses allo<br>e allowances   | owed under IRS                  | \$            | 3,499.37         | 7     |                         |                |                   |              |
| С                    | opy lir       | ne 32, All of the additional exp  |                                 | \$            | 334.30           | 0     |                         |                |                   |              |
| С                    | opy lir       | ne 37, All of the deductions fo   | r debt payment                  | +\$           | 1,296.00         | 0     |                         |                |                   |              |
|                      |               |   | Total deductions                | \$            | 5,129.67         | 7     | Copy total              | here           | => \$             | 5,129.67     |
| Part 3:              | Det           | termine Whether There is a  | Presumption of Abuse            |               |                  |       |                         |                |                   |              |
| 39. <b>Ca</b>        | lculat        | e monthly disposable incor  | ne for 60 months                |               |                  |       |                         |                |                   |              |
| 39                   | 9a. Cc        | py line 4, adjusted current m   | onthly income                   | \$            | 5,001.80         | 0_    |                         |                |                   |              |
| 39                   | 9b. Co        | py line 38, Total deductions  |                                 | -\$           | 5,129.67         | 7_    |                         |                |                   |              |
| 39                   |               | onthly disposable income. 11<br>btract line 39b from line 39a   | U.S.C. § 707(b)(2).             | \$            | -127.87          | 7_    | Copy<br>here=>\$        |                | -127.87           |              |
| F-                   | or the        | next 60 months (5 years)  |                                 |               |                  |       | _                       | x 60           |                   |              |
|                      |               |   |                                 |               |                  |       |                         |                |                   |              |
| 39                   | 9d. <b>To</b> | tal. Multiply line 39c by 60  |                                 | 390           | d. \$            | -7    | ,672.20                 | Copy<br>here=> | \$                | -7,672.20    |
| 40. <b>Fi</b> r      | nd out        | whether there is a presum   | ption of abuse. Check the       | box that a    | pplies:          |       |                         | J              |                   |              |
|                      | The I         | ine 39d is less than \$7,700°   | On the top of page 1 of th      | is form, ch   | eck box 1, Th    | ere   | is no presu             | mption of a    | buse. Go to       | Part 5.      |
|                      |               | ine 39d is more than \$12,85<br>4 if you claim special circums  |                                 | this form,    | check box 2,     | The   | ere is a pres           | umption of     | <i>abuse.</i> You | may fill out |
|                      | The I         | ine 39d is at least \$7,700*,   | out not more than \$12,850      | )*. Go to lii | ne 41.           |       |                         |                |                   |              |
| *Sı                  | ubject        | to adjustment on 4/01/19, an  | d every 3 years after that fo   | r cases file  | ed on or after t | the   | date of adju            | ıstment.       |                   |              |

**Todd K Whitaker** 

|        | Pam                                  | d K Whitaker<br>nela Dee Whitaker  | Cas                                 | e number (if   | known)   |                       |     |
|--------|--------------------------------------|--|-------------------------------------|--|--|-----------------------|-----|
| 41.    | 41a.                                 | Fill in the amount of your total nonpriority unsecured debt. If y A Summary of Your Assets and Liabilities and Certain Statistical In Schedules (Official Form 106Sum), you may refer to line 3b on that   | formation                           | \$   | .25  |                       |     |
|        | 41b.                                 | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(   | , , , , , , , , , ,                 | \$   |  | Copy<br>here=>        | \$  |
|        |                                      | Multiply line 41a by 0.25  |                                     |  |  |                       |     |
| 25     | % of y                               | ne whether the income you have left over after subtracting all all your unsecured, nonpriority debt.  ne box that applies:   | llowed deduc                        | ctions is  | enough to p  | oay                   |     |
|        |                                      | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check o Part 5.   | box 1, There                        | is no pres   | sumption of a  | abuse.                |     |
|        |                                      | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this umption of abuse. You may fill out Part 4 if you claim special circums  |                                     |  |  |                       |     |
| art 4: | Giv                                  | ve Details About Special Circumstances   |                                     |  |  |                       |     |
|        | Ja Ca                                | o to Part 5.   |                                     |  |  |                       |     |
| _      | es. Fil<br>ite<br>Yo                 | Il in the following information. All figures should reflect your average of the common term. You may include expenses you listed in line 25.  You must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee doculiustments.  | make the ex                         | penses o   | r income adj   | ustments              | ach |
| _      | es. Filite<br>ite<br>You<br>ne<br>ad | Il in the following information. All figures should reflect your average arm. You may include expenses you listed in line 25. The purpose a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee docu   | make the ex<br>mentation of         | penses o<br>your actu  | r income adj   | ustments<br>or income | ach |
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| _      | es. Filite<br>ite<br>You<br>ne<br>ad | Il in the following information. All figures should reflect your average am. You may include expenses you listed in line 25. but must give a detailed explanation of the special circumstances that accessary and reasonable. You must also give your case trustee docutius timents.   | make the exmentation of             | penses o<br>your actu<br>erage mo<br>income a                      | r income adj<br>al expenses<br>onthly exper              | ustments<br>or income | ach |
| _      | es. Filite<br>ite<br>You<br>ne<br>ad | Il in the following information. All figures should reflect your average am. You may include expenses you listed in line 25. but must give a detailed explanation of the special circumstances that accessary and reasonable. You must also give your case trustee docutius timents.   | make the exmentation of             | penses o<br>your actu<br>erage mo<br>income a                      | r income adj<br>al expenses<br>onthly exper<br>djustment | ustments<br>or income | ach |
|        | es. Filite                           | Il in the following information. All figures should reflect your average am. You may include expenses you listed in line 25.  but must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee docution the special circumstances.  Give a detailed explanation of the special circumstances  | make the exmentation of             | penses o<br>your actu<br>erage mo<br>income a                      | r income adj<br>al expenses<br>onthly exper<br>djustment | ustments<br>or income | ach |
|        | es. Filite Young                     | Il in the following information. All figures should reflect your average am. You may include expenses you listed in line 25. but must give a detailed explanation of the special circumstances that accessary and reasonable. You must also give your case trustee docutius timents.   | Avoor \$                            | penses o<br>your actu  | r income adj<br>al expenses<br>enthly exper<br>djustment | ustments<br>or income |     |
|        | Yes. Fill ite You ne add             | Il in the following information. All figures should reflect your average am. You may include expenses you listed in line 25.  But must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee documents.  Bive a detailed explanation of the special circumstances  Give a detailed explanation of the special circumstances  In Below  Igning here, I declare under penalty of perjury that the information on  | Avoor \$                            | penses or your acturer age moincome a                              | r income adj<br>al expenses<br>enthly exper<br>djustment | ustments<br>or income |     |
|        | Sig<br>By si                         | Il in the following information. All figures should reflect your average and. You may include expenses you listed in line 25.  Sour must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee documents.  Soive a detailed explanation of the special circumstances  Give a detailed explanation of the special circumstances  In Below  Igning here, I declare under penalty of perjury that the information on the control of the special circumstances  In Todd K Whitaker  In Todd K Whitaker  In Indiana I India | Aveor is this stateme is Pamela Dee | penses or your acturerage moncome and in the whitake               | r income adj<br>al expenses<br>enthly exper<br>djustment | ustments<br>or income |     |
| art 5: | Sign By si                           | Il in the following information. All figures should reflect your average on. You may include expenses you listed in line 25.  But must give a detailed explanation of the special circumstances that accessary and reasonable. You must also give your case trustee docutionstances.  Bive a detailed explanation of the special circumstances  Bive a detailed explanation  | Aveor statemes of Pamela D          | penses o your acturerage moincome a not and in the whitake ebtor 2 | any attachm  | ustments<br>or income |     |

Debtor 1 Debtor 2 Pamela Dee Whitaker

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 03/01/2018 to 08/31/2018.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Goodman Group

Income by Month:

| 6 Months Ago: | 03/2018            | \$404.00   |
|---------------|--------------------|------------|
| 5 Months Ago: | 04/2018            | \$2,688.00 |
| 4 Months Ago: | 05/2018            | \$1,380.00 |
| 3 Months Ago: | 06/2018            | \$2,852.78 |
| 2 Months Ago: | 07/2018            | \$2,664.00 |
| Last Month:   | 08/2018            | \$3,894.00 |
|               | Average per month: | \$2,313.80 |

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Zydeco Brew Werks of Ybor City

Income by Month:

| 6 Months Ago: | 03/2018            | \$1,135.55 |
|---------------|--------------------|------------|
| 5 Months Ago: | 04/2018            | \$336.92   |
| 4 Months Ago: | 05/2018            | \$126.75   |
| 3 Months Ago: | 06/2018            | \$177.67   |
| 2 Months Ago: | 07/2018            | \$373.75   |
| Last Month:   | 08/2018            | \$537.34   |
|               | Average per month: | \$448.00   |

| Debtor 1 | Todd K Whitaker     |                        |  |
|----------|---------------------|------------------------|--|
|          | Pamela Dee Whitaker | Case number (if known) |  |

#### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period **03/01/2018** to **08/31/2018**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Amazon

Income by Month:

| 6 Months Ago: | 03/2018            | \$1,995.48 |
|---------------|--------------------|------------|
| 5 Months Ago: | 04/2018            | \$2,039.95 |
| 4 Months Ago: | 05/2018            | \$2,117.06 |
| 3 Months Ago: | 06/2018            | \$3,183.90 |
| 2 Months Ago: | 07/2018            | \$2,059.14 |
| Last Month:   | 08/2018            | \$2,044.45 |
|               | Average per month: | \$2,240.00 |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### United States Bankruptcy Court Middle District of Florida

| In re   | Todd K Whitaker<br>Pamela Dee Whitaker |   | Case No.              |                           |  |
|---------|--|---|-----------------------|---------------------------|--|
|         |  | Debtor(s)   | Chapter               | 7                         |  |
| Γla ala |  | FICATION OF CREDITOR  at the attached list of creditors is true and c |                       | of the in large value dec |  |
| Date:   |  | /s/ Todd K Whitaker   | soffeet to the best v | or their knowledge.       |  |
|         |  | Todd K Whitaker   |                       |                           |  |
|         |  | Signature of Debtor   |                       |                           |  |
| Date:   | September 24, 2018                     | /s/ Pamela Dee Whitaker   |                       |                           |  |
|         |  | Pamela Dee Whitaker   |                       |                           |  |

Signature of Debtor

Todd K Whitaker 9308 Hidden Water Circle Riverview, FL 33578 Ohio Savings Bank Attn: Bankruptcy 1801 E 9th St. #200 Cleveland, OH 44114 Synchrony Bank/Sams Club Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Pamela Dee Whitaker 9308 Hidden Water Circle Riverview, FL 33578 Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Synchrony Bank/Walmart Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Alan Borden Debt Relief Legal Group, LLC 901 W. Hillsborough Ave. Tampa, FL 33603 Region/ams Po Box 216 Birmingham, AL 35201 Wells Fargo Home Mor Attn Bankruptcy Dept P.O. Box 10335 Des Moines, IA 50306

Account Resolution Services Attn: Bankruptcy Po Box 459079 Sunrise, FL 33345 Second Round, LP Po Box 41955 Austin, TX 78704

Chase Mortgage Attn: Case Research & Bankruptcy Po Box 24696 Columbus, OH 43224 Seterus, Inc. Attn: Bankruptcy Po Box 1077 Hartford, CT 06143

Discover Financial Po Box 3025 New Albany, OH 43054 Suncoast Cu Attn: Col 002 Po Box 11904 Tampa, FL 33680

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201 Suntrust Bk Tampa Bay Attn: Bankruptcy Mail Code VA-RVW-6290 PO Box 85092 Richmond, VA 23286

MidFlorida Credit Union Attn: Bankruptcy Po Box 8008 Lakeland, FL 33802 Synchrony Bank/ JC Penneys Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

no name on CR Liability

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Middle District of Florida

| In | Todd K W re Pamela De  |  | ıkar  |  | Case No.   |  |
|----|--|--|---|--|--|--|
|    | raillela Di  | oc vviiita   | inci  | Debtor(s)  | Chapter  | 7  |
|    | 1  | DISCL  | OSURE OF COM  | MPENSATION OF ATTOR  | RNEY FOR DE  | EBTOR(S)   |
| 1. | compensation pa  | aid to me  | within one year before t  | P. 2016(b), I certify that I am the attorn he filing of the petition in bankruptcy, lation of or in connection with the ban  | or agreed to be paid   | to me, for services rendered or to   |
|    | For legal se   | ervices, I l   | have agreed to accept   |  | \$   | 0.00   |
|    | Prior to the   | filing of  | this statement I have rec   | ceived   | \$   | 0.00   |
|    | Balance Du   | ıe   |   |  | \$   | 0.00   |
| 2. | \$ <u>335.00</u> c   | f the filing   | g fee has been paid.  |  |  |  |
| 3. | The source of th   | e compen   | sation paid to me was:  |  |  |  |
|    | Debtor   |  | Other (specify):  |  |  |  |
| 4. | The source of co   | mpensati   | on to be paid to me is:   |  |  |  |
|    | Debtor   |  | Other (specify):  |  |  |  |
| 5. | ■ I have not a   | greed to sl  | hare the above-disclosed  | d compensation with any other person   | unless they are mem  | bers and associates of my law firm.  |
|    |  |  |   | mpensation with a person or persons w<br>the names of the people sharing in the  |  |  |
| 6. | In return for the  | above-di   | sclosed post petition fee   | e, I have agreed to render legal service   | for all aspects of the   | bankruptcy case, including:  |
|    | <ul><li>b. Preparation a</li><li>c. Representati</li><li>d. Representati</li><li>e. [Other provi</li></ul> | and filing<br>on of the con of the con<br>sions as no  | of any petition, schedul<br>debtor at the meeting of<br>debtor in adversary proceeded]        | d rendering advice to the debtor in dete<br>es, statement of affairs and plan which<br>creditors and confirmation hearing, ar<br>eedings and other contested bankrupto                                   | may be required;<br>and any adjourned hea<br>by matters;                       | rings thereof;   |
|    | enabl<br>exem <sub>l</sub><br>and R<br>presu   | e the Clicotions; (e) the clicons; (e) the clicons cli | ent to make an infor<br>d) assisting the Clie<br>sending any pre-fili<br>of abuse would arise | and responsibilities under the Bamed decision about filing Chaptent in complying with all of the red ng correspondence; (f) calculating under the Bankruptcy Code; (g) ocial Security Number, Pre-filing | er 7; (c) advising (<br>quirements imposing current monthle<br>preparation and | Client of all available<br>sed by the Bankruptcy Laws<br>y income to determine if any<br>filing of the Chapter 7 |
|    |  |  |   | sent the Client in the case even v<br>Court enters an order allowing th  |  |  |
| 7. |  |  |   | osed fee does not include the following the above-disclosed fee does no  |  | wing service:  |

The contract between the parties does not include providing post-petition legal services on Client's behalf. It is limited solely to the preparation and filing of Client's case as set forth in the Contract for Pre-Petition Legal

Services executed by the Client.

Debtors also paid to firm \$80 for credit report.

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| In re | Todd K Whitaker<br>Pamela Dee Whitaker               | Case No.  |  |  |
|-------|--|-----------|--|--|
|       | Debtor(s)  |           |  |  |
|       | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) |           |  |  |
|       | (Continuation  | on Sheet) |  |  |

####